

# Beyond Holism

## Incorporating an Integral Approach to Support Caring-Healing-Sustainable Nursing Practices

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This article examines holism and healing in nursing as a paradigm and explores at how the use of an integral approach may help articulate and guide the future of contemporary caring-healing-holistic-sustainable nursing practices. **KEY WORDS:** *caring, healing, holism, holistic nursing* *Holist Nurs Pract* 2012;26(2):92–102

The holistic nursing movement may be on the cusp of a bifurcation point, with increasing chaos within the health care system leading to a point where new order and new ways of being may readily emerge.<sup>1,2</sup> This process is related to the greater call to enact a powerful transformation within the health care system, one that will move the nursing profession toward a place where we recognize, and best utilize, the symbiotic nature of humankind-technology-nature-universe.<sup>1</sup> The movement toward the paradigm of holism in nursing tends to best recognize the humanistic, caring, healing, and intersubjective nature of nursing, which the dominant nursing paradigm of behaviorism and reductionism has failed to address. Holistic nurses may still be searching for models that will help capture, support, and expand the lived experience of contemporary holistic nursing practice within our current acute care and community settings. This article examines and critiques the current state of holism and healing in nursing as a paradigm. Furthermore, the article explores how the use of an integral approach as a guiding framework for holistic nurses may help both articulate and steer the future of contemporary caring-healing-holistic-sustainable nursing practices.

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### HOLISM: DEFINITION AND USE IN NURSING

The classic definition of *holism* in nursing and health care is based on the concept that people are multidimensional and insult or injury to one aspect of the whole person—mind-body-spirit—has repercussions to all other aspects of the whole person. Holism focuses on the interconnectedness of all natural structures, as well as the importance of information flow between and across all levels of structures.<sup>3</sup> “With holism, we consider the integrated whole to consider to understand the person or situation. We view everything in terms of patterns or processes that combine to form a whole, instead of seeing things as fragments, pieces, or parts.”<sup>3(p7)</sup> Holistic nurses tend to use many healing modalities to support the mind-body-spirit on its healing journey, versus focusing strictly on the reductionistic-medicalized cure or allopathic interventions that are routinely used across contemporary health care settings. In holistic nursing, it is understood that nature and the self are capable of curing, and healing, outside of or in addition to the traditional curing modalities of the reductionistic-cure paradigm.<sup>4</sup> While there is nothing inherently “wrong” with utilizing traditional allopathic approaches in treating illness, holistic nurses and many nursing theorists alike recognize that overreliance on these modalities leads to both patient and nurse dissatisfaction, as well as a health care system that is out of balance and fails to address the holistic being and healing processes.<sup>1,2,5</sup>

## HOLISTIC NURSING FOR HEALING

The nurse who uses a holistic model of providing care acts as the facilitator, guide, midwife, and/or witness of healing. Nurses as holistic healers strive to move beyond the materialistic realm and are well served by viewing reality and consciousness as expanding.<sup>6</sup> To create an authentic caring-healing presence, holistic nurses place emphasis on their own and other's consciousness and intentions for healing,<sup>4</sup> where healing is commonly defined as a natural human process of evolving toward a greater understanding of the self through the process of utilizing a meaning-making process.<sup>7</sup> Health and healing are aspects of the process of an unfolding, transcending, and expanding consciousness that helps individuals recognize their inherent wholeness.<sup>8</sup>

*Holistic nursing* is defined as "all nursing practice that has healing the whole person as its goal" (American Holistic Nurses' Association, Description of Holistic Nursing).<sup>9(para2)</sup> Holistic nursing is a specialty practice that draws on nursing knowledge, theories, expertise, and intuition to guide nurses in becoming therapeutic partners with people in their care. This practice recognizes the totality of the human being—the interconnectedness of body, mind, emotion, spirit, social/cultural, relationship, context, and environment.

Holistic nursing modalities require the nurse to develop a specific and expanded set of healing skills beyond those necessary to perform the reductionistic-technological duties of most contemporary allopathic nursing practices. Holistic nurses meld empirical science and nursing art in a creative manner to be truly present and bring the whole self into relationship with patients and their significant others, which may include the use of nonlocal states of consciousness where the infinite mind becomes a tool for healing.<sup>10</sup> Holistic nursing focuses on setting an intention for healing; through the power of consciousness connection, holistic nurses can restore the majestic and sacred nature that empirical scientism lacks. It is crucial that the holistic nurse applies these healing principles and intention in his or her personal life in order to bring the precepts of holism to the population served.<sup>4</sup>

Holistic nurses acknowledge that the spiritual and physical worldviews are interwoven; therefore, a greater worldview of the human experience is needed to provide those served with a healing environment.<sup>3</sup> Fragments, pieces, and parts are viewed via a larger,

expanded stance of possibility, which integrates the parts into the whole yielding evidence of patterns and processes.<sup>3</sup>

Holistic nurses may be adept at practicing the doing or allopathic therapies of modern-Western medicine, as well as the being therapies that emphasize connection with others.<sup>1,3</sup> Recognizing the need for self-care and healing is a responsibility of holistic nurses, in order that they may become authentic facilitators or midwives of healing for others.<sup>1,6,11</sup> Holistic nursing is often linked with specific non-disease-oriented nursing interventions related to creation of healing environments and may include energy therapy, therapeutic touch, Reiki, music, prayer, spiritual care, guided imagery, meditation, aromatherapy, and relaxation modalities.<sup>1,4,12,13</sup>

## HOLISTIC NURSING THEORIES

Many of our nursing theories such as those elucidated by Watson,<sup>14</sup> Newman,<sup>15</sup> Parse,<sup>16</sup> and Rogers<sup>17</sup> are holistic. These theories support nurses in enacting the moral, humane, caring, and personalized aspects of practice that the allopathic-medical dominant paradigm within health care fails to encompass. Holistic nursing theories support the personal knowing aspects of holistic nursing practice, as the nurse enters into the interpersonal process of patient-nurse relationships, where concern and caring are expressed via the nurse's personal style of being with patients.<sup>18</sup>

Specifically, the holistic interconnected nature of the patient-nurse interaction is defined in Jean Watson's Theory of Human Caring,<sup>14</sup> which stated that the nurse strives to create caring-healing spaces for patients, even as the nurse becomes proficient at his or her own healing and self-care processes. Newman<sup>15</sup> theorized that nurses and patients together partake in the process of the expanding consciousness of the universe and the recognition of the patient's holistic disease/wellness patterns provides insight into the interwoven order of the universe. Rosemarie Rizzo Parse's Theory of Human Becoming emphasized the humanistic processes of cocreation of meaning, the possibility of authentically connecting with others, and the importance of nursing being a human science that recognizes and supports the creation of personal meaning and individual freedoms.<sup>16</sup> Martha Rogers' Science of Unitary Beings depicted the person as being an irreducible, unified whole, different from the sum of his/her parts, open to the environment with a

continual exchange of energy and matter, and consisting of a pattern and organization that reflects the person's unique wholeness.<sup>17</sup>

The importance of basing a holistic nursing practice in nursing theory is emphasized by nursing scholars striving to empower the nursing profession to reclaim nursing from the dominance of the medical-cure model and establish the profession as a unique, complex, caring, human science.<sup>1,18</sup> Holistic and caring nursing theories may also be utilized to support and triangulate nursing's efforts to develop evidence-based practices.<sup>18,19</sup>

### HOLISM, QUALITATIVE APPROACHES, AND EVIDENCE GENERATION

Holistic nurses are often interested in using complementary and alternative modalities (CAMs), such as touch, guided imagery, yoga, mind-body interventions, and/or nutrition, to support patients along their healing journey. An extensive list of holistic nursing modalities is available at <http://www.ahna.org/Home/ForConsumers/HolisticModalities/tabid/1921/Default.aspx>.

Holistic nurses may integrate CAMs into clinical practice to help manage people's physiological, psychological, and spiritual needs. Doing so does not negate the validity of conventional medical therapies but serves to complement, broaden, and enrich the scope of nursing practice and to help individuals access their greatest healing potential.<sup>9(para4)</sup>

The National Center for Complementary and Alternative Medicine (NCCAM),<sup>20</sup> a branch of the National Institutes of Health, has called for a greater body of evidence to be generated around the effectiveness of CAMs using traditional clinical trial methodology in examining effectiveness and efficacy of these modalities. While the NCCAM tends to overemphasize the "pharma-focus" and utilization of clinical and comparative trials, there is also movement being made toward focusing on the "real world outcomes" of CAMs use: "Population-based and practice-based research strategies also offer great potential for developing evidence regarding the effectiveness of CAM-related interventions in engaging individuals in health-promoting behaviors and practices."<sup>20(para10)</sup>

A recent casual review of research articles published in 2 holistic nursing journals in 2010-2011 revealed that many holistic nurses do use quantitative

approaches to study holistic nursing interventions and CAMs although the majority of articles in these specialized journals were either qualitative or aesthetic in nature. Examples of quantitative approaches included the following:

- A descriptive correlational study using questionnaires to describe spiritual well-being.<sup>21</sup>
- A quasi-experimental mixed-method study to examine Qigong and chronic pain outcomes.<sup>22</sup>
- Use of Liker-scale measurement tools to determine the effectiveness of a having a self-care plan to increase nurses' health-promoting behaviors, spirituality, and nutrition scores.<sup>23</sup>
- Pretest/posttest control group to determine effectiveness of acupressure on physical stress of high school students.<sup>24</sup>
- Gathering measurable physiological data around the use of fragrance to alter cardiovascular response to stress.<sup>25</sup>

Holistic nursing researchers should certainly use quantitative research methodology as they realize that these methodologies do not have to be the exclusive property of one paradigm<sup>1,6</sup>; however, it should be noted that quantitative research approaches alone may not adequately capture the essence of holistic modalities. It remains questionable if the usual scientific method approach, quantitative modalities, and the use of randomized or comparative trials are the most appropriate approaches to studying the effectiveness of holistic nursing interventions. Many of the studies mentioned earlier utilized small groups of participants and called for ongoing research into these areas. Meanwhile, the NCCAM in many ways remains closely aligned with the long-held traditional quantitative methodologies of its parent organization, the National Institutes of Health. The reliance on reductionistic methodologies, like those that the NCCAM recommends for studying CAMs, may lead toward losses of valuable knowledge regarding the complexity of our human care processes.<sup>26</sup>

Qualitative research tends to capture the meaning of experience and creates a venue for both patients' and holistic nurses' voices to be heard and recognized, while furthering our understanding of the complexity of holistic nursing practices.<sup>27</sup> Holistic nursing research methodologies strive to honor both the art and science of nursing practice, while also supporting the meaning-making process. Overall, most qualitative research modalities do not align with the objectives of the NCCAM.<sup>20</sup> There have been propositions of how

to enhance the “rigor” of qualitative approaches,<sup>28</sup> yet the idea of traditional rigorous approaches and the holistic nursing process may leave us stymied as to how to incorporate the complexity of the human experience into our body of nursing knowledge.

## HOLISM IN NURSING EDUCATION

Quinn called for nursing education to support students, faculty, and practitioners in forming caring, healing relationships with patients, communities, each other, and themselves.<sup>4</sup> Our nursing education programs must begin to develop practitioners as reflective thinkers, who understand the patient as a complex person with multiple contributors to their health and wellness status, while understanding the essential nature of healing relationships.<sup>4</sup>

White<sup>29</sup> determined that senior nursing students desire more than just support with building confidence with their technical skills. Nursing students want assistance with developing relationships with staff, learning how to interconnect with their patients, developing increased comfort with the role of self as nurse, and deeply understanding the greater clinical picture of any given patient. Students are acknowledging the importance of a more holistic approach to nursing education; they feel more successful and satisfied when using holistic nursing theories to support their role development, and nursing faculty enjoy teaching in a format based in caring relationships.<sup>30</sup> Holistic nursing education focuses on the curricular integration of caring-humanistic practices, enacting the holistic nursing core values, and the utilization of CAMs.<sup>31</sup>

Although many nursing curricula and nursing program philosophies aspire to be holistic in nature, there remains little evidence that nursing education provides the students with a holistic experience.<sup>2,32</sup> In 2003, a study was performed with more than 100 nursing schools and determined that most of the respondent schools (85%) were including some education around CAMs and some aspects of the core curriculum for holistic nursing.<sup>33</sup> However, the study did not explore the depth of the CAMs/holistic material that was covered, how CAMs and holistic modalities were presented and taught, the faculty members’ experiences with CAMs and holism, or the extent of student’s clinical or personal experience with CAMs and holistic modalities.<sup>33</sup> The article did not mention how or if the holistic nursing core values of

or concepts such as presence, intentionality, unconditional acceptance, self-care, and sacred space were addressed by the curricula. Holistic nursing and the personal healing journey are experiential processes, and students will be more likely to grow in their understanding of holism via the support of faculty who are experienced in holistic modalities.<sup>32</sup> Of concern in reviewing this research is the idea that mentioning or discussing CAMs/holism in a course could be considered as providing holistic education, while the experience of holism in nursing may not be occurring on a meaningful level across most of our nursing educational programs.

According to the American Holistic Nurses Certification Corporation (AHNCC), in 2011 there were 13 endorsed holistic nursing education programs, all being at the baccalaureate or graduate level of education.<sup>34</sup> The process to receive AHNCC endorsement has the following requirements: a completed application form, a 1- to 3-page summary statement of how the particular nursing program meets the AHNCC criteria for endorsement, the school’s mission and philosophy statements, a curriculum outline, course objectives/content descriptions, a CV of at least 1 AHN-BC faculty, and a \$500 fee.<sup>35</sup> While the AHNCC endorsement process does not seem particularly rigorous or expensive, it remains unknown as to why nursing academic programs have not latched onto this opportunity in greater numbers. Perhaps demonstrating the holistic nature of one’s curriculum may be a great challenge for many schools stuck in the old paradigm of nursing educational approaches or, as Fenton and Morris<sup>33</sup> mentioned, perhaps the value of having AHNCC accreditation as a holistic nurse program has not yet been fully realized.

This lack of emphasis around learning from a holistic perspective in nursing academia seems to be of particular concern at the prelicensure level of education, most of which takes place in community colleges at the associate degree level, where the emphasis remains on the acquisition of technical skills.<sup>2</sup> Continuing with one’s studies postlicensure may lead to a holistic nursing certificate through continuing education courses and/or BSN or graduate-level holistic studies at 1 of the 13 AHNCC-endorsed schools such as New York University, Florida Atlantic University, or University of Colorado, Colorado Springs. The BirchTree Center for Healthcare Transformation also offers courses and support for nurses to work toward holistic nursing certification.<sup>34</sup>

Many nursing programs likely offer some coursework in CAMs, yet giving the students the opportunity to apply holistic modalities in the workplace, remains elusive. Although nationally faculty familiarity with CAMs and holistic core competencies is probably fairly high,<sup>33</sup> it is not likely that many schools are developing full programs on the basis of the American Holistic Nurses Association Core Competencies,<sup>34</sup> and faculty themselves may need to gain experience with these modalities in order to adequately support student learning.<sup>32</sup>

The issue for many nurses may be that there is limited access to a truly holistic nursing educational experience, versus the occasional holistic elective or nonthreaded singular exposures to holistic modalities in traditional nursing education venues. Yet by having exposure to and experience with CAMs and holistic modalities, the nurse may be empowered on many levels, both as a person seeking healing and as a professional supporting the healing of others.

Many nurses are so grossly embedded within the medical-technological-cure paradigm that they remain unaware of the need for a shift toward the caring-healing-holistic paradigm.<sup>1</sup> Watson wrote that when we look toward the future of nursing and caring, “Ultimately what is being proposed goes beyond a paradigm shift toward a more fundamental ontological shift.”<sup>1(pxiv)</sup>

This section has strived to briefly capture the challenges of holism in our contemporary evolving nursing paradigm. Given the critique presented, the profession may have come to realize that holism as a feasible paradigm has had its challenges and shortcomings. The following section will explore another model that may also support the direction in which holistic nursing is ultimately evolving.

## QUESTIONING THE HOLISTIC MODEL: IS IT TIME FOR COMPLEXITY AND AN INTEGRAL APPROACH?

Several nurse leaders have begun to expand their thinking around the holistic framework and its inability to adequately describe and support the complexity of the vision of contemporary, sustainable, caring, and healing nursing practice.<sup>2,36,37</sup> The philosophies of complexity<sup>38</sup> and integralism<sup>2,32,36</sup> may offer solutions to expanding our approaches to the type of meaningful and rewarding nursing that holistic nurses are interested in enacting. Holism and holistic

care were developed in a response or counterforce to the dominance of reductionistic approaches to nursing and health care; however, over time the term *holistic* has become secularized, used as a marketing credential in health care and has failed to change or alter the contemporary worldview of health and health care in the Western world.<sup>39</sup> The holistic nursing movement was supposed to change how we do nursing; however, like efforts to create holistic medicine, because the older perspectives and traditional interests are socially powerful in their endurance, the holistic model has not promoted change on a grand scale.<sup>39,40</sup> Change in how we practice nursing has not been realized, in part because “without a defining leap in consciousness all we do is expand upon the range and scope of what is, deluding ourselves in thinking we are creating fundamental change.”<sup>39(p15)</sup>

## ORIGINS OF THE INTEGRAL MODEL

Dossey<sup>36</sup> proposed the theory of integral nursing (TIN) as a way to capture the complexity of holistic nursing practice in relationship to Nightingale’s basic philosophy. The theory is based strongly in the work of Ken Wilber, a celebrated and much translated modern philosopher who has synthesized multiple discipline philosophies to move toward a philosophical framework that captures the essence of stage-based human development,<sup>41</sup> similar to the approaches of Piaget, Erickson, and Kohlberg.<sup>2,42</sup> Dossey<sup>36</sup> explicated Wilber’s work in light of the TIN model; however, I believe that practicing holistic nurses could benefit from learning specifically about Wilber’s integral philosophy and how it can support their work as nurses, as well as their own personal spiritual-evolutionary growth. By exploring Wilber’s integral model clearly and succinctly, holistic nurses may be able to develop new skills and tools to move nursing into a place of sustainable caring-healing practices, as they also become prepared to enact Dossey’s TIN.

## THE INTEGRAL MODEL: SIMPLIFIED

Integralism is the “general idea that we need to exercise body, mind, soul, and spirit—and to do so in self, culture, and nature.”<sup>43(p311)</sup> As one grows in their integral nature, the attainment of greater evolutionary states becomes more probable; therefore, an integral approach to nursing sets the stage for the emergence

of a more complex and inclusive understanding of our ourselves, the profession, and the nursing-caring-healing phenomena to which holistic nurses are committed.

Wilber's model is a stage development model, being similar to and based upon the works of Freud, Erickson, Piaget, and Kohlberg.<sup>2,41</sup> Wilber has created a model that captures the evolutionary process of a self-transcending drive, which demonstrates how individuals move beyond and include what went before, leading to an increase in depth.<sup>43</sup> Wilber defined *evolution* as a broad and general tendency to progress in the directions of increasing complexity, differentiation, integration, organization/structure, relative autonomy, and telos (the endpoint or culmination of a system).<sup>43</sup> This conceptualization of evolution is the movement toward creating new limits and then transcending those same limits; moving beyond limits allows for the emergence of models that are encompassing, complex, and integral.<sup>41</sup>

### Territories, holarchies, and holons

Wilber<sup>41</sup> devised a 4-territory quadrant system as a means of mapping and guiding the evolutionary growth process, while also beginning to create an overarching world philosophy related to human development. Within each territory or quadrant, there are holarchies composed of holons.

Koestler<sup>44</sup> first defined the term *holon* as that which is a complete whole onto itself, even as it is also a part of something else. Based on this concept, Wilber<sup>43</sup> is known to say that reality is composed not of wholes, nor parts, rather it is made of whole parts of holons. We can see this philosophy carried out in nature: our body's individual cells are whole onto themselves, while they are also part of a greater whole (the particular organ or body system) with movement toward ever increasing complexity. We might think of these individual cells as being whole or holons, yet still also being holon-parts of organs; the organs being holons, but also holon-parts of the body; the body being a holon, but also a holon-part of the family; the family being a holon, yet also a holon-part of the community, and so on. Each and every holon rests or nests within another holon; therefore, every holon is both part of something greater and more complex, yet also a holon onto itself.<sup>45</sup> These resting or nesting holons contribute to the structures of everything we can imagine; everything is both whole onto itself and simultaneously a part of another more complex whole.

Holon-parts stretch from the most basic forms to the most complex forms of the cosmos ad infinitum, without ascending or descending limitations.<sup>45</sup>

A holarchy depicts the hierarchy of natural evolutionary processes without the connotation of dominant or pathological hierarchies; when one state of being or doing is held as having greater value versus another state of being or doing.<sup>41</sup> In contemporary health care, pathological hierarchies abound (ie, cure is valued more greatly than care; medical-technical approaches are dominant over holistic modalities).

However, in holarchies or natural hierarchies, the order of wholeness increases as one level is attained and subsequently becomes a holon-part of the next level, leading to a higher and deeper level of organization and complexity.<sup>41</sup> Every developmental-evolutionary process is preceded by increasing holons.<sup>43</sup> As one progresses up a holarchy, one must transcend and include the lower levels of holons, which become the foundational holon-parts of the growing complexity of the emerging holon.<sup>43</sup>

With the integral model, there is a desire for increasing complexity, as complexity creates more depth, meaning, and value to the holon. Evolution and growth are attained as the holon expands and simultaneously encompasses its own unique capacities and patterns.<sup>42</sup> Wilber argued that "when holists say 'the whole is greater than the sum of its parts', what they mean is that the whole has a higher or deeper organizational level than the parts alone; and that's a holarchy. With a natural hierarchy or holarchy, as one level of organization is attained and becomes part of the whole of the next level, there is an increase in complexity and evolution."<sup>41</sup>(pp28-29) This view of the world can be very helpful to holistic nursing on a variety of levels. The integral model provides a solution for the many dualistic issues we face, which will be addressed later in the article.

### The quadrant system

The quadrant system may provide holistic nurses with a way of holding seemingly opposing knowledge construction and scientific paradigms, while providing a way of further addressing the professional issues related to pluralistic and competing contexts of science, morals, aesthetics, and humanistic philosophies. Wilber's quadrants may provide holistic nurses with a grand view of the evolutionary potential of the individual, thereby moving the profession beyond the limitations of a mostly rational worldview.

Terms such as holon, holarchy, and holography have been used in nursing for some years<sup>1,6</sup>; however, there may be a gap in the presentation of these concepts that would make them readily accessible for use within the apparently disparate paradigms of holism and reductionism. If these terms are used more freely, both “holists” and “empiricists-reductionists” may begin to come to terms with the idea that if everything is a holon onto itself, all forms of nursing research, education, and practice are holonic. By viewing nursing knowledge development and nursing phenomena through the lens of natural holarchies, we can perhaps better understand our mutual relationships across the apparently dichotomized-polarized paradigms in which we currently reside.

### Quadrants

As Wilber developed his integral philosophy, he ran into the challenge of apparent differences and similarities between holarchies, hence the development of 4 quadrants or 4 different types or categories of progressive holonic sequences.<sup>41</sup> Each of the 4 holonic types deals with both the inside and outside of a holon, via its individual and collective forms. The quadrant philosophy provides nursing with a larger grand view of our evolutionary potential. The quadrants prevent us from feeling “smug and confident that nothing higher will sweep out of the heavens and completely explode our solid perceptions, undoing our very foundations.”<sup>41(p60)</sup>

Within the quadrant system, the “microworld” or individual holons are contained within the upper half of the quadrants and the “macroworld” or social-communal holons are represented within the lower half. Meanwhile, the right-hand quadrants address the question, “What does it do?” by focusing on empirical, objective descriptors; the left-hand quadrants consider “What does it mean?” by examining the subjective, interior holonic spaces (Figure 1).<sup>43</sup>

Initially, holistic nurses may be greatly concerned with the left-hand quadrants, as they delve into the depth of shared values, worldviews, and understandings that are jointly interpreted. These are the quadrants that the dominant medical-technical health care paradigm frequently ignores or de-emphasizes. Human consciousness, which is perhaps the greatest aspect of self-empowered healing in the emerging health care paradigm, is contained in the upper left-hand quadrant.<sup>41,43</sup> The upper left

quadrant, or development of the individual’s consciousness, is primary to the development of the 3 other quadrants, and also primary to the development of creating the lived experience of an integral-holistic health care system. Dacher postulated that “the central components of a post-modern integral medicine—an expanded consciousness, holism, intentionality, and a larger self—arise dependent upon the first factor, a leap in consciousness that takes us beyond the limitations of the rational analytic mind. This is at first a personal quest . . . We ourselves are transformed by our quest for a larger consciousness, life, and health.”<sup>39(p16)</sup>

The outer individual aspects of human consciousness would be categorized in the upper right-hand quadrant, and these holons are often examined by neurology and the cognitive sciences.<sup>43</sup> The lower left-hand quadrant envelops the inner-collective aspects of human consciousness, and sciences such as cultural psychology, anthropology, and distance healing would focus in this area.<sup>41,43</sup> Sociology would be concerned with the outer-collective aspects of human consciousness found in the lower right quadrant.<sup>41,43</sup> It is of importance though to remember that every holon we can think of has 4 quadrants, and each quadrant is intimately reliant upon and directly correlated with the 3 other quadrants.<sup>43</sup>

The left lower quadrant and both right-hand quadrants act as containers of the multiple ways individual cultural conditioning and social structures have influenced human consciousness.<sup>41</sup> It is important to understand that all 4 quadrants continually interact with one another and they express the 4 ways in which universal spirit is expressed simultaneously and comprehensively.<sup>41,43</sup>

The quadrants may also guide the nursing profession in our understanding of, and ability to express, the complexity of holistic or holonic nursing as we move toward integrating the “I-We-It” of sciences, arts, ethics, values, religion, and spirituality.<sup>41</sup> If we abandon 1 quadrant, all 4 quadrants will carry the consequences. Contemporary nursing, having relied heavily on the right-hand quadrants of behaviorism, scientism, and reductionism, is experiencing the consequences of the domination of the right-hand quadrant approaches; namely, lack of evolutionary progression, regression, or “stuckness”<sup>2</sup> as is evident in part by the nursing shortage and the high number of new graduate nurses

<p><b>UPPER LEFT</b></p> <p style="text-align: center;"><b>“I”</b></p> <p style="text-align: center;"><b>Interior—individual</b></p> <p>Subjective, interior experiences, consciousness</p> <p><i>Feelings, meanings, concepts, beliefs &gt;</i>  <i>Self-care, self-exploration, reflection</i>  <i>Cognitive capacity</i>  <i>Emotional maturity</i>  <i>Spiritual evolution</i></p>	<p><b>UPPER RIGHT</b></p> <p style="text-align: center;"><b>“IT”</b></p> <p style="text-align: center;"><b>Exterior—individual</b></p> <p>Objective, empirical, exterior descriptions</p> <p><i>Organs, tissues, cells, behavior</i>  <i>Physiology</i>  <i>Pathophysiology</i>  <i>Sciences: chemistry, biochemistry, nutrition</i></p>
<p><b>LOWER LEFT</b></p> <p style="text-align: center;"><b>“WE”</b></p> <p style="text-align: center;"><b>Interior—collective, cultural/shared</b></p> <p><i>Shared meanings</i>  <i>Cultural beliefs</i>  <i>Shared worldviews/ values</i>  <i>Value subcultures-&gt;</i>  <i>Integral communication/dialogue</i></p>	<p><b>LOWER RIGHT</b></p> <p style="text-align: center;"><b>“ITS”</b></p> <p style="text-align: center;"><b>Exterior—collective; social, systems</b></p> <p><i>Social structures: education, health care</i>  <i>Institutions,</i>  <i>Family-tribes</i>  <i>Ecosystems</i>  <i>Communities</i>  <i>Information technology</i>  <i>Regulatory bodies</i></p>

**Figure 1.** The 4 quadrants. Adapted from Wilber,<sup>3</sup> Astin and Astin<sup>46</sup>, and Dossey.<sup>36</sup> Used with permission.

who leave their first job and/or the profession within the first 1 to 2 years of becoming licensed.<sup>5</sup>

Ultimately, the 4 quadrants offer the nursing profession a tool by which to apply the essential yet basic guidelines for examining, researching, and re-visioning the nursing education, research, and practice. The structure demonstrates how our seemingly competing paradigms are in actuality interdependent, and creates a space for realizing our integral potential. As we move the profession away from remaining stagnant within singular, competing, or divisive paradigms, we are more likely to evolve toward being an integral nursing profession of caring, science, and complexity, versus remaining stuck or regressing further toward the status of the technical handmaidens of medicine.<sup>1</sup>

**Levels within quadrants**

Wilber also designed each quadrant to consist of 9 levels/stages and by viewing all quadrants simultaneously, the true approach of an integral philosophy becomes an “all quadrants, all levels” (AQAL) experience.<sup>41,45</sup> The levels demonstrate how lower levels of holonic development are transcended and included, with holons continually becoming parts of ever more complex holons. The level relates to the phenomena being studied. Even a simplified or straight-forward version of these integral principles can help us begin to avert the reductionism that is practiced in nursing and health care today.<sup>47</sup>

**All quadrants, all levels**

Dossey began the complex development process of a TIN, where an “all levels, all quadrant” approach means that “Integral nurses strive to integrate concepts and practices related to body, mind, and spirit (all levels) in self, culture, and nature (all quadrants).”<sup>36(p10)</sup> Furthermore, nursing must develop, value, and integrate an understanding of the self and all aspects of society and culture to achieve the AQAL experience. An AQAL approach to nursing also implies that we set an intention and create a healing consciousness in regard to addressing all areas when providing care; this includes addressing the self, others, and the natural world.<sup>36</sup> Via this idea of evolving and expanding consciousness through the intention-setting process, this TIN aligns well with Watson’s Human Caring Theory<sup>11</sup> and Newman’s Theory of Expanding Consciousness.<sup>6</sup>

**LET’S KEEP IT SIMPLE: APPLYING WILBER’S QUADRANTS IN A USEABLE MANNER**

Many holistic nurses and health care providers may find the TIN a bit daunting in its depth, and the language use itself may be a challenge to decipher. However, several authors have also strived to make integral concepts and applications user-friendly, and by starting from a simplified approach, nurses can begin to apply integral concepts in the areas of education, research, and practice.



## Education

I have written extensively about developing an integral nursing education experience,<sup>2,32</sup> and I am currently implementing an integral-holistic educational experience for RN-BSN students at the University of Maine at Augusta (UMA). The program revolves around consciously threading content that falls within each of the 4 quadrants, while the concept of the primacy of the LUQ and self-reflection must be honored through every course within the curriculum. Students are also offered specific elective courses, such as Reiki and yoga, that are clearly integral-holistic in their nature.

As an example, an RN-BSN introductory course such as Concepts of Professional Nursing follows along with several traditional textbooks that examine the role of the BSN-prepared or professional nurse in relation to practice, evidence-generation, sociocultural issues, health care reform, ethics, and application of nursing theory. The difference with an integral educational experience is that these students also complete coursework in extreme self-care and partake in a supported reflective process as to how they have met the integral requirements of the course. They also begin to explore holistic healing modalities in an experiential manner. The UMA is in the process of partnering with a local acute care facility, so that BSN students may begin to apply integral-holistic concepts in the clinical setting, demonstrate their integral competencies, and receive university credit for doing so. This creates an all-quadrant experience that is valuable for students' growth while also supporting the change process within the practice setting.

Having recently developed an integral health assessment course in the hybrid format, I was initially challenged as to how to evolve this class toward a more integral approach, as it appeared that most of the content and skills requirements were falling into the right-hand quadrants. By pondering the left-hand quadrants and how they are related to the health assessment skills of traditional BSN courses, I was able to create holonic assignments that focus on sociocultural care (LLQ), ethics (AQAL), communication (LUQ/LLQ), ongoing reflection in relation to personal health risk factors and health assessment experiences (LUQ), CAMs (AQ), and the health promotion process within communities (AQAL). As I have written about extensively elsewhere, the quadrants can serve as a road map for evaluating curriculum and course outcomes as well.<sup>2,32</sup>

Educators must also keep in mind that every phenomenon indeed already resides within the 4 quadrants, but it is our responsibility as integral-holistic educators to generate or reveal the 4-quadrant content for any given subject. It may also help think of the students from an all-quadrant perspective, and how their personal evolutionary development is addressed in any given course. Educators who use an integral approach will also be willing to share their own healing journey with students, as they co-create much of the lived experience of the curriculum across the quadrants.

Students in the RN-BSN program at the UMA become familiar with the integral quadrant system, although they tend to think of, and express their practice as, becoming more holistic and/or as learning to practice self-care to create sustainable caring-healing practices. Students are further supported in the all-quadrant experience by having the opportunity to become a member of a student-faculty AHNA chapter on campus, which further supports their understanding of and experience with holistic modalities via shared exploration.

## Research

When we begin to look at health care and nursing research from an integral point of view, we see that we can use every research modality and tool available to us. Using an integral model to guide research, the profession can move beyond the reductionistic singular quadrant techniques associated with attempting to explain phenomena with only quantitative approaches.<sup>36,41</sup> As Dossey has stated in the development of the TIN, we should focus on triangulation of quantitative and qualitative data when possible, "We must always value introspection, cultural, and interpretive experience, and expand our personal and collective capacities of consciousness as evolutionary progression towards achieving our goals. In other words, knowledge emerges from all four quadrants."<sup>36(p37)</sup> The integral approach to nursing research may also help us be more continuous with our research, as the profession tends to generate evidence while also calling for further exploration of any given holonic phenomenon.

## Practice

It has been stated that even using the integral concepts in a simplified way, we can begin to avert some of the dissociation and reductionism present in contemporary

Western health care.<sup>47</sup> “A simplified way of viewing the model with regard to treating patients is that each patient is to be viewed as body, mind, and spirit (the levels), as he or she exists as a self in both cultural and social aspects (the quadrants).”<sup>47(p268)</sup>

In current practice, it is normal for most health care providers to delineate an illness into the realm of physical, psychological, or emotional, while failing to recognize the interconnected, holonic relationship of these aspects of health.<sup>47</sup> Even within the mental health care field, there is tendency to rely on medications and address the biochemical aspects of mental illness versus undertaking the more rigorous process of supporting the person toward holonic well-being. If we begin to apply an integral model to the practice setting, nurses can begin to view both illness and wellness as having their internal components (mental, emotional, spiritual—LUQ), external components (physical—RUQ), and sociocultural implications (LLQ, RLQ).<sup>47</sup>

Nurses using an integral model can begin to support patients on their healing paths by meeting the patient where they are at in regard to their integral development. For instance, a devout Catholic may heed the papal warning against Reiki use, so other techniques such as therapeutic touch or aromatherapy may be used as per the patient’s preference and developmental level. For morbidly obese patients, it may seem that yoga stretches are beyond their capability, but even gentle yogic movements and focus on the breath can be useful techniques in empowering this population.<sup>48</sup> as yoga is truly an integral practice that is available to everybody. The nurse addresses patient concerns while assessing their needs from all 4 quadrants to begin to uncover the reality of the person’s integral health status.<sup>36</sup> Perhaps most importantly, when applying the integral approach to implementation of CAMs, we can begin to assist patients and ourselves in uncovering the meaning of the phenomena of the illness or health issue being addressed in a balanced manner.<sup>49</sup> In other words, our attention to states of consciousness and evolution of the individual in the LUQ does not need to replace our traditional physical interventions; rather, CAMs can support conjunction of all available therapies.<sup>49</sup>

An integral nursing practice requires the use of intuition and sensitivity to apply and share the appropriate specific modalities that may be of help to facilitate the patient’s evolutionary-healing process. Nurses with personal experience with the healing modality and confidence in its effectiveness may also

realize that supporting the person in their integral evolution also allows the nurse to let go of the outcomes to some extent and simply set an intention to be a caring-healing presence within their practice.

## CONCLUSION

In looking at integral health care as being in its infancy, Wilber stated, “The net result of the tension between conventional and alternative approaches is that physicians and nurses today are very unhappy with the present state of conventional medicine and yet they often distrust the holistic alternatives. They know conventional medicine is limiting them personally and in the healing they can offer the sick.”<sup>50(pxxxiii)</sup>

Those of us interested in moving forward with implementing an integral-holistic model may be challenged at first because of the complexity of the model, but even using a simplified version of the integral model can help us as both individuals and a profession to develop the “I” of the LUQ, while striving to support the healing experiences that happen in the sacred “we” of the LLQ. “It is from that sacred ‘we’ that all healing arises as a miracle of love and grace that perhaps thankfully none of us will ever understand . . . Nothing is more mysterious and miraculous than a ‘we’.”<sup>50(pxxxiv)</sup>

It has been theorized that a 10% integral evolutionary wave can lead to integral values permeating the mainstream culture.<sup>51</sup> If 10% of all nurses can utilize some of the basic integral concepts and place an emphasis on the importance of the LUQ concepts of reflection, self-care, and personal-spiritual-evolutionary growth, the profession may indeed reach a place of the sacred “we” experience in our work. When we experience the sacred “we,” the nursing profession may grow toward actualization of our vision of a holistic, caring, and humanistic realization of sustainable caring-healing nursing practices as espoused by Watson and Newman. Wilber shines a light on the health care provider’s process of providing an integral healing experience as an acknowledgment of all of the richness of the Cosmos being at our fingertips:

. . . an integrally informed practitioner is one whom the Cosmos heals. One in whom the entire spectrum of consciousness is allowed to speak and shout its truths; one who puts self aside in the healing gesture and lets the entire universe come rushing through—matter to body to mind to soul to spirit-in self and culture and nature.<sup>50(pxxxv)</sup>

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