

Theory of Integral Nursing (TIN) Guidelines
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The following are guidelines on the PP and my Theory of Integral Nursing (TIN) PP. I have also attached my one-page TIN handout (color) that you can reproduce for your colleagues and students. There are many layers on the slides. So get the rhythm down so you can have a good time with the presentation. Click just once on each slide, and you can talk as other parts are popping on the same slide as it makes sense with talking points below. Once you gets to the quadrants, pop the upper left (UL) quadrant first, then the lower left (LL) and then talk about words that pop on the outside, then go to the right side and do the same.

What this model honors is for all know realities and that which is not know. in the importance of nurse self-care and personal development/growth, and the individual and collective interiority (left side), and then the individual (this is the place of our skill development and the care plans, treatment protocols) and collective exterior/systems (right side).

Do give me feedback and if things aren't clear let me know as I continue to evolve the TIN.

Best,

Barbie

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Slide 1. Theory of Integral Nursing (Mandala of Healing) (no words)

I want to invite you to **“dip a toe” into this new paradigm**. I want to share with you what **I believe is essential in holistic nursing** and that is to connect healing and holistic nursing with **integral and spiral dynamics theories and the evolving theories in states of consciousness**. You might ask **why am I introducing this theory now**. That is an easy answer. It has **taken me 43 years in the profession to be here with you. It is Praxis—theory in action**.

This way of conceptualizing our work can assist us in access to our highest potentials and capacities. We want to facilitate healing in ourselves and with others. Patients and families want more. We have to really own what it is that we have to offer healthcare and society and raise our voices together. **Integral incorporates the interdependence**. What is new is **“integral” + holistic**. After many conversations with many interdisciplinary healthcare team members as others that includes Ken Wilber and his team in person and in e-mails since 2000, I am confident that an integral worldview and integral process can help us transform healthcare and ourselves.

My theory **does not** exclude or **invalidate other nurse theorists**. All elements of my Theory of Integral Nursing have been researched or are in very formative stages of research and exploration. This integral and holistic way of being integrally informed can serve as a map, not the territory. It is also a **guide to bring us to the table and into collaborative practice at higher levels** and also **consistently to be seated at the table**. The way that I have **conceptualize our knowing, doing and being can help us articulate our work**. As you will see in my forthcoming authorship, many people have informed my work and I honor them deeply. (For many more details see B. M. Dossey (2008). “Theory of Integral Nursing,” *Advances in Nursing Science*, 31,1 (2008): E52-E73 and B. M. Dossey, “Integral and Holistic Nursing: Local to Global.” In B. M. Dossey and L. Keegan, *Holistic Nursing: A Handbook for Practice*, 5th ed. (Sudbury, MA: Jones and Bartlett): 1-46.

After exploring holistic nursing theories and theories outside of nursing over my 43 year career, my goal with the **Theory of Integral Nursing** is to present a creative map of how to fit what is seen and unseen in integral and holistic nursing and make it legitimate and to fit it into the existing traditional structure while also helping to transform the system. I am also very excited that many other nurses are exploring many of these ideas.

Slide 2: (Fig. 1.1a) Healing

My Theory of Integral Nursing starts with **Healing** as you will see in your handout and the first image. We are born with healing and possess it all of our lives until death. No one can give us deep healing. We often hear the term nurse healer. I think the term is fine as long as we recognize that we don't do the healing; we are an instrument in the healing process and we help to facilitate the individual and the collective (family and coworkers, etc) healing process.

We know that Healing involves knowing, doing, being. Curing may not always happen, but the potential for healing to occur is always present even until the last breath.

Slide 2: (Fig. 1.1b) Meta-Paradigm in a Nursing Theory

Building now from healing at the center, we all recognize the **meta-paradigm in a nursing theory** that includes nurse, person, health, environment. Reading my published work will inform you as to how I define these terms.

Slide 3: (Fig 1.1c) Patterns of Knowing in Nursing (6 patterns)

Next Barbara Carper's **four original patterns of knowing—personal, aesthetics, empirics and ethics** are recognized. I believe that today as we engage in contemporary nursing that must include the fact to what ever we are doing, we are engaged in global nursing. The world is at our door and everything act and interaction is part of our interdependence with all that is. We must also include **two other patterns—not knowing and socio-political**.

Slide 4: (Fig. 1.1d) Four Quadrants

In this next part, again starting with healing at the center and later I will bring in the metaparadigm and patterns of knowing later, let's add the **four quadrants** that is the work of Ken Wilber. These quadrants are show by a dotting line to illustrate that information from each quadrant impacts all other quadrants. Nothing is isolated. On the **left side** of this diagram, the UL interior “I”, and the LL collective interior “We”, is the **subjective, interpretive, qualitative aspects of reality (research)**. On the **right side** of this diagram is the UR exterior individual “It”, and the LR exterior collective “Its”. This is the **objective, measurable, quantitative aspects of reality (of research)**. All are equally relevant. To leave any one part out is to deny the whole. Our challenge is to engage in **triangulation**, that is multiple research techniques as we collect and evaluate data

on a specific topic in order to converge on a complete representation of reality and confirm the credibility of the research findings.

Slide 5: (Fig. 1.1e) (AQAL) all Quadrants, All Levels, All Lines

Next, starting from healing, I include Wilber's (AQAL) all quadrants, all levels, all lines. In each of these quadrants we can further expand our knowing, doing, and being that is illustrated as concentric circles showing that **human consciousness, life and systems evolves, develops, and unfolds through a fluid and hierarchical sequences of levels or stages.**

Let's start with UL, the **"I" space** (individual interior). In the upper left we can show concentric circles that are seen from the lower level to the higher level from **body, to mind, to spirit.** In the LL, the **"We" space (collective interior),** we have from the center **me,** then the next circle that represent **us,** and the last circle that represents **all of us.**

Let's now go to the UR, the **"It" space** (individual exterior) where we see from the center gross, to subtle, to causal. The **gross body,** everyday waking state, is the physical plane, the sensori-motor body. The **subtle body** occurs in a dream state, meditation, bodywork, etc. where we are not aware of the gross body of dense matter; but of light, energy, emotional feelings, fluid and flowing images. The **causal body** is the body of the finest, most subtle experience possible, a great formlessness out of which creative possibilities can arise.

Now to see the connectedness to the LL, the **"Its" space** (systems/structures) we see the most inner circle of **group,** then to **nation,** then to **global.**

Slide 6: (Fig. 1.1f) Theory of Integral Nursing (TIN) Whole Model

Now **putting all parts of the Theory of Integral Model** together starting with healing at the center, then the next layer our meta-paradigm of nursing and our patterns of knowing on these integral elements.

NOTE: The following information I pulled from this first round of publication as the theory is complicated enough, but I did have this in the 2007 AHNA keynote and will include in my next round of writing. However this can assist you with this information since I know you know all this.

Next I move to **Stages of Consciousness and the Seven Chakras** that must be considered. (I will place this after 1.1d). I have adapted the work of Wilber's 1st, 2nd, and 3rd Tiers and Don Beck's 1st and 2nd Tiers to illustrate the that **human consciousness evolves, develops, or unfolds through a fluid and hierarchical sequences of levels or stages.**

Like Wilber I use the colors traditional ascribed to the description of the **seven colors of the charkas** as we in nursing recognizes these colors in our healing work. Chakra means vortex, or wheel of light in Sanskrit. Chakra lore varies and is described as being within and around the body, and they are ports of energy exchange with the environment. Chakra locations, tones, and functions have been identified intuitively and differently. Traditionally, 7th Crown, 6th Brow, 5th Throat, 4th Heart, 3rd Stomach, 2nd Lower Abdomen, 1st Groin.

The Caduceus is the symbol used to represent the medical profession. The staff represents the spinal column where serpents cross the staff at individual charkas moving up the spine from lowest to highest. The two serpents represent solar and lunar (masculine and feminine) energies crossing at each of the seven Chakras. These also represent three levels of consciousness and energy available to all of us. The First Tier/stag Stage of Consciousness represents the first three

charkas of food, sex, and power; The Second Tier/Stage of Consciousness, four and five represent relational hear and communication, Stage 3/Stage of Consciousness six and seven represent psychic and spiritual, and seven the epitome of Stage 3. Each of these stages is said to have a masculine and feminine voice or energy. Neither masculine or feminine is higher or better; they are two equivalent types at each level of consciousness.

Adapting Wilber and Beck **1st, 2nd, and 3rd Tiers**, the 1st Tier **represents from the primitive, infantile consciousness to post modern pluralist consciousness**. The 2nd Tier is a **radical leap into holistic, systemic and integral modes of consciousness**. This is where holistic nurses are. The 3rd Tier reaches into an even more integrated, transpersonal, and cosmic consciousness which in the process of development today.

For a detailed discussion of my Theory of Integral Nursing (TIN) see:

Dossey, B. M. and Keegan, L. (2008). ***Holistic Nursing: A Handbook for Practice***, 5th ed. ISBN: 978-0-7637-5429-7. Sudbury, MA: Jones & Bartlett. \$62.95. Contact: Laurie, Customer Service Manager, or Katrina Gossick at: 978.579.8238 or 800.832.0034, Ext. 8102.

Dossey B. M. Theory of Integral Nursing. *Advances in Nursing Science*, 2008;31(1): E52-E73.

For a detailed discussion of my Florence Nightingale research see:

Dossey, B. M., Beck, D. M., Selanders, L. C., & Attewell, A. (2005). ***Florence Nightingale Today: Healing, Leadership, Global Action***. ISBN 1-55810-250-2. 380 pages Illustrated \$34.95 Event and ANA member discount : \$27.95. Contact: Francine Bennett: 301-628-5214.

Dossey, B. M. (2010). ***Florence Nightingale: Mystic, Visionary, Healer***, 2ed. Commemorative Edition. Philadelphia: F. A. Davis. **(The details of this book will be known in July 2009)**.

For the Nightingale Initiative for Global Health (NIGH) and the Nightingale Declaration (ND) see <http://www.nightingaledeclaration.net> and please sign the Nightingale Declaration