Caring science and the science of unitary human beings: a trans-theoretical discourse for nursing knowledge development

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Background. Two dominant discourses in contemporary nursing theory and knowledge development have evolved over the past few decades, in part by unitary science views and caring theories. Rogers’ science of unitary human beings (SUHB) represents the unitary directions in nursing. Caring theories and related caring science (CS) scholarship represent the other. These two contemporary initiatives have generated two parallel, often controversial, seemingly separate and unrelated, trees of knowledge for nursing science.

Aim. This paper explores the evolution of CS and its intersection with SUHB that have emerged in contemporary nursing literature. We present a case for integration, convergence, and creative synthesis of CS with SUHB. A trans-theoretical, trans-disciplinary context emerges, allowing nursing to sustain its caring ethic and ontology, within a unitary science.

Methods. The authors critique and review the seminal, critical issues that have separated contemporary knowledge developments in CS and SUHB. Foundational issues of CS, and Watson’s theory of transpersonal caring science (TCS), as a specific exemplar, are analysed, alongside parallel themes in SUHB. By examining hidden ethical-ontological and paradigmatic commonalities, trans-theoretical themes and connections are explored and revealed between TCS and SUHB.

Conclusions. Through a creative synthesis of TCS and SUHB we explicate a distinct unitary view of human with a relational caring ontology and ethic that informs nursing as well as other sciences. The result: a trans-theoretical, trans-disciplinary view for nursing knowledge development. Nursing’s history has been to examine theoretical differences rather than commonalities. This trans-theoretical position moves nursing toward theoretical integration and creative synthesis, vs. separation, away from the ‘Balkanization’ of different theories. This initiative still maintains the integrity of different theories, while facilitating and inviting a new discourse for nursing science. The result: Unitary Caring Science that evokes both science and spirit.

Keywords: Rogers’ science of unitary human beings, caring science, Watson’s transpersonal caring theory, unitary caring science, trans-theoretical, trans-disciplinary

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...While from the bounded level of our mind
Short views we take, nor see the lengths behind;
But more advanced, behold with strange surprise
New distant scenes of endless science rise!

Alexander Pope

Introduction

The focus of this paper is the exploration of the evolution of caring science (CS) and its relationship with the science of unitary human beings (SUHB). These two contemporary initiatives have generated two parallel, often controversial, seemingly separate and unrelated, trees of nursing knowledge. We offer a trans-theoretical view of these two, often differing perspectives by considering commonalities. This trans-theoretical view offers a new discourse for nursing knowledge. We offer a trans-theoretical view of these two, often differing perspectives by considering commonalities. This trans-theoretical view offers a new discourse for nursing knowledge and theory building. Part of this evolution has encompassed specific caring theories, as well as developments in nursing models, nursing science, and a variety of nursing theories.


Likewise, Roger’s SUHB has informed the work of a cadre of nursing scholars and new generations of nurses and doctoral students who adopt a unitary view of human that transcends any one nursing model or specific theory. The past tendency in nursing theory and scholarship has been to examine theoretical differences, which separate, rather than unite ideas, thus inhibiting creative evolution of ideas. We offer a critique and overview of CS and SUHB, which maintains the integrity of differences, while also explicating shared themes that mutually inform and transform both perspectives. A trans-theoretical, trans-disciplinary discourse in nursing knowledge development is generated.

Background of caring theory and its evolution in nursing knowledge development

Three major categories of caring knowledge development that transcend individual theories were identified by Boykin and Schoenhofer (1993) as: the ontological, that is, caring as a manifestation of being in the world; anthropological, that is the meaning of being a caring person; and ethical or the obligative nature of caring. A fairly recent critique of caring research was completed by Swanson (1999). She completed a meta-analysis of 130 publications of empirical caring studies. Sherwood (1997) did a similar review by conducting a meta-analysis of qualitative studies of caring nursing research. Their work helped to emphasize ethical aspects of caring processes and outcomes of caring in nursing and their intersection with empirical findings in the literature. For example, both of these meta-analyses acknowledged caring knowledge and ways of being, that affect both personal and professional practices, for better or for worth, for patients as well as for nurses.

These empirical findings and conceptual orientations toward caring offer some directions for substantive nursing knowledge development, locates ethical and empirical caring within the context of nursing science. Further, these views of caring knowledge development help to reveal caring as a philosophical–theoretical–epistemic undertaking, not just a nice way of being. Rather caring is an ethical, ontological and epistemological project requiring on-going exploration and expansion. As Mayeroff (1971) reminded us, we need knowledge to care.

We sometimes speak as if caring did not require knowledge, as if caring for someone, for example, were simply a matter of good intentions or warm regard...To care for someone, I must know many things...such knowledge is both general and specific (Mayeroff 1971, p. 13).

...Caring...includes explicit and implicit knowledge, knowing that and knowing how, and direct and indirect knowledge... (Mayeroff 1971, p. 15).

Critique of caring knowledge

In spite of the ontological, epistemological and ethical views, and diverse categories of caring knowledge, and in spite of Mayeroff’s philosophical charge about needing different forms of caring knowledge (e.g. general, specific, explicit, implicit, direct, indirect) a recent publication by Paley (2001) critiqued both the pursuit of caring knowledge, as well as the approaches toward development of caring knowledge in nursing. By using Foucault’s archaeological view of knowledge as his lens, Paley (2001) suggests that nursing scholars’ view of knowledge of caring is dated and faulty. It can be reduced to ‘...knowledge of things said, a chain of association, constantly expanded, constantly repeated (p. 9). His conclusion is that the effort to generate caring knowledge is for all intents and purposes unattainable: thus, caring is ‘...an
elusive concept, which is destined to remain elusive—permanently and irretrievably’ (p. 9).

Paley (2001) categorized the major approaches used in the nursing literature to generate caring knowledge. For example, descriptions of caring, collection of things said about caring, knowledge of caring via association, attributes of caring and aggregation via accumulation. In his critique he laments the fact that (1) this approach does not yield knowledge, and (2) each effort leads to continued efforts to constantly retrieve caring from its elusiveness (via these varying faulty approaches), ‘...only to return, again and again’... (p. 2) to (the elusive concept) and conclude again it is elusive and needs additional study.

Paley’s tautological conclusion and critique of caring knowledge is related to an earlier review by Morse et al. (1990) where they classified diverse nursing authors’ work on caring into five categories of caring: caring as human trait; caring as moral imperative; caring as affect; caring as interpersonal interaction; and caring as therapeutic intervention. Morse et al. (1990) concluded, as did Paley (2001) that caring is left without any clarity as a concept because of its diversity.

It is important to respect the fact that both Paley (2001) and Morse et al. (1990) offer some new, provocative perspectives of information related to how caring is treated in the nursing literature. Further, these thorough, analytic critiques of caring knowledge mirror back to the profession the diversity and complexity and, yes, even more so, the elusiveness, of caring. They cause nursing and caring scholars to pause and reconsider the nature of caring and knowledge.

While both these efforts to critique caring literature highlight the diversity, complexity, and scope of perspectives, both critiques ignored any examination or discussion as to the unique philosophical-ontological, or paradigmatic worldviews in which the different work, or approaches to the study of caring, were located. The most serious weakness of these meta-level critiques is that they are a-contextual, and a-paradigmatic with respect to the moral-ontological foundation of the work. Caring looks differently depending upon the ontological and ethical perspective in which the ‘approaches’ and ‘categories’ are located. Without specifying the ontology one indeed cannot understand caring within it.

Foucault (1972) acknowledged that while the ‘group of elements formed in a regular manner by a discursive practice...can be called knowledge,...knowledge is also the space in which the subject may take up a position and speak of the objects with which he (sic) deals in discourse...knowledge is also the field of coordination and subordination of statements in which concepts appear, are defined, applied and transformed...lastly, knowledge is defined by the possibilities of use and appropriation offered by discourse...its articulation on other discourses or on other practices that are not sciences’ (Foucault 1972, p. 182, 183).

Thus, caring knowledge and its diversity and complexity can be seen in another, deeper context than Paley (2001) identifies, that is consistent with Foucault’s broader view of knowledge. The above critiques did not seek to identify the underlying ethical, obligatory, or ontological perspective of caring as a relational way of Being Human, that engages our humanity; this being one of the most prominent core views of caring in the literature (see Smith 1999 for more depth discussion of these issues). Rather, both major critiques of caring literature (Morse et al. 1990, Paley 2001) paradoxically seemed to engage in the very exercise they critique. That is, at the meta-level, they accumulate words and total lists, categories, and approaches to study of caring. These were derived from a detached analysis of text, without an engagement of the ideas of caring or context espoused by the authors. This view of detached information is related to Lithuanian-French philosopher Levinas (1906–1995), and his critique of some of the writings on Heidegger and Husserl when he noted: ‘To comprehend the tool is not to look at it but to know how to handle it’ (in Nortvedt 2000, p. 6).

Foucault (1971) himself noted that there are dimensions (of knowledge) that are not invested in scientific discourses alone, but in a ‘system of...values...an analysis that would be carried out not in the direction of the episteme, but in that of what we might call the ethical’ (p. 193). Fleming’s (2001) recent critique of nursing knowledge called for the notion of phronesis as a guide for critiquing nursing knowledge. He pointed out that phronesis emphasizes deliberation (reflection) and moral action – reminding us that phronesis requires that the ‘...context of the situation be considered very carefully...’ (p. 251) with respect to knowledge and action. Indeed in the recent work of Nortvedt (2000) he claims that ‘knowledge, and in particular clinical knowledge, rests on a precondition...’ (p. 10) – the precondition, being ethical sensitivity and value-laden experience.

Without addressing moral-ethical context, and ontological foundations, what results are more bits of information with a hard conclusion that has the impression of an attempt to totalize the discourse, which shuts off the debate as well as further pursuit of caring knowledge. De-contextualized bits of information, whether obtained at the specific level of analysis, or at the meta-level, do not equal understanding. As Critchley emphasized in his work on Levinas, ‘ethics (and caring) is not a spectator sport’ (p. 29). Human caring contains judgements, moral values as well as knowledge per se. There are moral, ethical insights that underpin the diverse approaches and categories, which are not acknowledged by these recent critiques of caring literature.
Nursing theory and concept development or analysis

Thus, what is missing in these important critiques of caring in nursing literature is the fact, that first and foremost, and most deeply, caring is first and foremost an ethic, laden with moral values. Caring is a value-laden human condition which, according to Nortvedt (2000) is a precondition for proper clinical knowledge. Drawing upon the philosophy of Levinas (1969) we suggest the human encounter of caring exists as an ‘ethic of first philosophy’ (Levinas 1969) where caring is understood (with all its categories, lists, attributes, collection of words, approaches, meta-analyses, etc.) as a value-laden relation of infinite responsibility to self and others.

We do agree with Paley (2001) and Morse et al. (1990) for different reasons, that is, that engaged, ethical, value-laden caring, truly is ineffable and ultimately unknowable; it is unknowable because it is an engaged moral relational human to human living experience that is alive in the moment, not an objective phenomenon, per se. With Levinas (1969) the infinity of other as an ethical event, is the opening towards knowledge, towards epistemology, but it is not knowledge (Nortvedt 2000, author’s italics).

Because of the deep relational, obligatory ethical nature of caring, much of the caring literature does not claim to provide us with new knowledge qua knowledge, in terms of themes or categories, or even fresh discoveries. Rather, knowledge of caring is much like what ‘Wittgenstein called reminders, of what we already know (at some deep human experiential level) but continually pass over in our day-to-day living’ (Critchley 2002, p. 10).

Levinas (1969) reminded us ethics is otherwise than knowledge (Critchley 2002, p. 15) and ethics is not reducible to epistemology. Indeed, knowledge of caring is, like most of the important ideas in the history of humankind that seek to define and sustain our humanity, ineffable, difficult to describe and incomprehensible. However, just because concepts such as caring, suffering, love, beauty, God and so on are ‘elusive’ we struggle to capture their essence because of their importance. We always fall short, and will continue to fall short. Nevertheless, we strive to know them through many different methods and approaches, we seek descriptions, qualities, attributes, etc. as well as how they are experienced.

Perhaps the most important conclusion with this debate is to acknowledge that caring cannot be reduced to comprehension and empirical knowledge alone, that we so earnestly seek. It is perhaps because of the very reality of what Levinas framed as the ‘face-to-face relation’. Indeed, perhaps it is because of this very elusive, deep unknowable, relational obligatory human-to-human aspect of caring that calls nurses paradoxically to continually pursue it. As Paley (2001) puts it ‘…only to return, again and again, to a concept no less ambiguous and confused, than before, the goal to all intents and purposes unattainable’ (p. 2). The one-to-one human engagement, in an ethical caring moment will forever remain unknowable, and elusive, but forever sought after, just as beauty and truth.

Evolution of caring science

In spite of critiques of caring in nursing and even attempts to eliminate caring as an essential concept for nursing, we witness that over the past two to three decades the focus on caring and caring knowledge development in nursing has indeed not ceased, but has continued to even accelerate. For example, the International Association of Human Caring is now into its 24th year of supporting scholarly publications and presentations. The relatively new journal The International Journal of Human Caring is dedicated to disseminating scholarship related to human caring. The Scandinavian Journal of Caring Science has been in existence since the eighties. In 1995 the American Nurses Association revised its definition and policy statement of nursing, to include caring. Major national conferences and think tanks have acknowledged caring as core in nursing theory and knowledge development (Stevenson & Tripp-Reimer 1990 report of American Academy of Nursing and International Sigma Theta Tau 1989 Wingspread Conference).

In spite of, or because of, the still controversial unresolved discourse about caring knowledge and caring as meta-level concept for the discipline, caring has become more formalized through nursing theories and research, and has been enhanced by scholarship in other related fields of study, such as ecology, education, ethics, and theology (For more information see Mayeroff 1971, Gilligan 1982, van Hooft 1995, Noddings 1984, Watson 2002). With this, there is a growing recognition of Caring as a philosophical-ethical-epistemic field of study. As work has advanced in multiple spheres, a more formal CS framework is emerging for nursing and other related fields; thus caring scholarship has moved toward cross-disciplinary activities and intersections. For example, CS departments and academic structures for nursing have become more prominent. The field of CS has been long standing in Scandinavian countries, e.g. Finland, Sweden, and Norway.

From a knowledge development standpoint, caring theory and knowledge are located within nursing science as well as other disciplines. Thus, caring knowledge is increasingly trans-disciplinary, that is, transcending several disciplines. Caring knowledge and practices affect all health, education, and human service practitioners. Thus, CS is emerging as a distinct field of study within its own right.
Nursing’s disciplinary focus on the relationship of caring to health and healing differentiates it from other disciplines that relate caring to the unique concerns of their domain. However, because of recent trans-disciplinary developments in caring scholarship, it is helpful to identify some major foundational assumptions that seem to inform CS and scholarship.

A working set of assumptions for CS, include the following:

- Developing knowledge of caring cannot be assumed; it is a philosophical–ethical–epistemic endeavour that requires on-going explication and development of theory, philosophy, and ethics, along with diverse methods of caring inquiry that inform caring–healing practices.
- Caring science is grounded in a relational ontology of unity within the universe (in contrast to a separatist ontology that guides conventional science models); this relational ontology of caring establishes the ethical–moral relational foundation for CS (and for nursing) and informs the epistemology, methodology, pedagogy and praxis of caring in nursing and related fields.
- Caring science embraces epistemological pluralism, seeking the underdeveloped intersection between arts and humanities and clinical sciences, that accommodates diverse ways of knowing, being-becoming, evolving; it encompasses ethical, intuitive, personal, empirical, aesthetic, and even spiritual/metaphysical ways of knowing and being.
- Caring science inquiry encompasses methodological pluralism whereby the method flows from the phenomenon of concern, not the other way around; the diverse forms of caring inquiry seek to unify ontological, philosophical, ethical, and theoretical views, while incorporating empirics and technology.

A working definition of caring science

Caring science is an evolving philosophical–ethical–epistemic field of study that is grounded in the discipline of nursing and informed by related fields. Caring is considered by many as one central feature within the meta-paradigm of nursing knowledge and practices. The development of CS is informed by an ethical moral stance with a relation of infinite responsibility to other human beings (Levinas 1969); this view encompasses a humanitarian, human science orientation to human caring processes, phenomena, and experiences. It is located within a worldview that is non-dualistic, relational, and unified, wherein there is connectedness of all. This worldview is sometimes referred to as a unitary transformative consciousness paradigm (Newman et al. 1991, Watson 1999) nonlocal consciousness (Dossey 1991) and Era III medicine/nursing (Dossey 1991, 1993, Watson 1999).

Caring science thus intersects with the arts and humanities and related fields of study and practices, including for example, ecology, peace studies, philosophy-ethics, women/feminist studies, theology, education, and mind–body–spirit medicine and the growing field of complementary medicine, health and healing.

Reconciling caring dissonance: within the SUHB and nursing meta-paradigm

While CS, including caring theories in nursing, has been emerging over these past decades, Rogerian Science has escalated as pre- eminent, revolutionizing nursing as well as related disciplines. But there has been little integration of the common foundational elements of CS and the SUHB.

Indeed, as already highlighted through the critiques of Morse et al. (1990) and Paley (2001), the inclusion of caring as a central and defining concept within the discipline of nursing continues to be contentious (Smith 1999). Rogers had serious concerns about caring being named within nursing’s meta-paradigm, or as part of the essence of nursing. She was concerned that it would not advance the discipline of nursing nor generate substantive knowledge for practice.

Rogers’ worldview offered, and continues to offer a new vision and conceptual system for generating and addressing phenomena related to unitary life processes. Thus, Rogers viewed caring as an important stance to the practice of any human service field, but not as a substantive area of knowledge development for nursing (Smith 1999).

What is more significant within the area of theory and knowledge development, is the fact that CS and SUHB have coexisted, over these past few decades, almost as two separate trees of knowledge. Both areas were pursuing their individual interests without exploring the common philosophical–ontological foundation and scientific assumptions that they may share. These common foundations may strengthen the advancement of nursing knowledge for this new century. For example, both the Society of Rogerian Scholars and the International Association of Human Caring hold scientific sessions. The papers presented have overlapping themes and yet there is little to no connections or communication between the two scientific groups.

This dissonance between CS and the SUHB, including the ambivalence about caring and its location with the disciplinary matrix of nursing, is still a tense undercurrent in nursing knowledge development circles. However, there are some noted exceptions.
Newman et al. (1991) offered a significant contribution to the evolution of including caring within the disciplinary matrix, by acknowledging in their critique of the existing meta-paradigm, that caring and health are linked within the theoretical literature of nursing. They then posed a manifesto of sorts with their well-known statement that sought to integrate caring into the meta-paradigm: ‘Nursing is the study of caring in the human health experience’ (Newman et al. 1991, p. 3).

Further, they acknowledged the use of different paradigms for knowledge claims and explication of (caring) knowledge. The three well-known paradigms they named are (Newman et al. 1991):

- particulate-deterministic – isolated phenomena, reducible entities with definable measurable properties;
- interactive-integrative – extension of particulate-deterministic, plus context, experience and subjective data; and;
- unitary-transformative – representing a significant paradigm shift, whereby phenomena are viewed as unitary and self-organizing, embedded in a larger self-organizing field, which is whole and unified.

Another major work that attempted to explore new relationships between caring knowledge and its paradigm location is Smith’s seminal work in 1999. She tried to break the exclusivity of these two separate trees of knowledge development within nursing, i.e. CS and SUHB.

Smith (1999) ‘critiqued the critique’ of caring in nursing. In contrast to the previously mentioned Paley (2001) and Morse et al. (1990) critiques, Smith located consistent ontological perspectives from extant caring theory, within the SUHB. By working at the ontological-ethical level she was able to clarify how caring resides within the SUHB; she explicated points of congruence between existing literature on caring and shared meanings in the SUHB. Smith identified five constitutive meanings of caring from a wide range of caring theories. Each of these meanings was conceptually located within the SUHB system: (1) caring is a way of manifesting intentions; (2) caring is a way of appreciating pattern; (3) caring is a way of attuning to dynamic flow; (4) caring is a way of experiencing the infinite; (5) caring is a way of inviting creative emergence.

Smith (1999), recently Watson and Smith (2000), and earlier work of Newman et al. (1991) attempted to extend the discourse about caring at the meta-paradigm level. These works reflect the commonalities of a caring ontology that apply to a range of caring theories. Further, both locate particular scholarship on caring and the SUHB within the unitary–transformative framework, i.e. ‘patterning, dynamic flow, manifesting intentions, and experiencing the infinite’; these features go beyond conventional particulate or interactive models for explaining phenomena, reflecting a world view that resides within the unitary–transformative paradigm.

This next section seeks to extend these intersecting connections between CS and SUHB, within the unitary–transformative paradigm. An overview of Rogers’ SUHB will be followed by a summary of one specific theory of caring: Watson’s transpersonal caring theory. The transpersonal caring theory will be used as an exemplar for the CS model to reflect the intersections with Rogers’ SUHB.

By expanding the discourse on nursing knowledge development, a new evolution for nursing, caring knowledge and trans-theoretical theory development unfolds. Further, by exploring the convergence of ideas within the two systems, there is advancement of knowledge that transcends nursing, and contributes to a trans-disciplinary future for nursing in the wider arena of human health science.

**Overview of Rogerian SUHB**

Parallel with, and prior to, the evolution of caring theories in nursing, and the emergence of CS as a field of study, was the renowned work of Rogers (1970). Her views of nursing science and the concept of the SUHB (Rogers 1970, 1992, 1994) were posed as the disciplinary focus for nursing.

A review of basic principles of the SUHB is offered as a contextual backdrop for examining how the two specific systems can converge and extend each other for new possibilities. Rogerian science, from its inception, was located within the now emerging unitary consciousness worldview, labelled by Newman et al. (1991) as unitary–transformative: that is, phenomena are viewed as a unitary, self-organizing field, embedded in larger self-organizing field, recognized by pattern interaction within the whole.

Tenets of Rogerian SUHB and the unitary–transformative paradigm (Barret 1990, Rogers 1992) are shown in Table 1. Rogers’ work initiated a new paradigm for nursing science. For example, her theoretical basis for nursing makes explicit the connectedness of all, a unitary, irreducible mutual human–environmental field process. Further, her introduction of energy field as the fundamental unit of the living and nonliving, making ‘energy field’ an explicit unifying concept was revolutionary in its time.

The evolution within science itself, correspond with the ontology worldview articulated by Rogers’s (1970). This revolutionary ontology propagates changes in epistemology, methodology, and practice that are consonant with it. To further explore the specific ontological connections between SUHB and CS it is helpful to highlight the internal features of CS vise a vise a specific caring theory.
Caring science and SUHB: transpersonal caring theory as exemplar

Watson’s theory of transpersonal caring (Watson 1979, 1985, 1988, 1995, 1999) is one extant caring theory, among others, that has emerged as a guide to practice and education for nursing and related fields. In addition transpersonal caring serves as a disciplinary framework to guide knowledge development related to both nursing and the emerging transdisciplinary field of CS. Transpersonal caring theory is located within a CS framework. The next section provides an overview of some of the basic ingredients of transpersonal caring theory. For heuristic purposes it will be referred to as transpersonal caring science (TCS) to demonstrate parallel and intersecting connections with SUHB.

Central tenets of TCS are:

- The transpersonal caring field resides within a unitary field of consciousness and energy that transcends time, space, and physicality (unity of mind–body–spirit nature universe).
- A transpersonal caring relationship, connotes a spirit to spirit unitary connection within a caring moment, honouring embodied spirit of both nurse and patient, within the unitary field of consciousness.
- A transpersonal caring moment, transcends the ego level of both nurse and patient, creating a caring field with new possibilities for how to be in the moment [‘...the process goes beyond itself, and becomes part of the life history of each person, as well as part of the larger, deeper complex pattern of life’ (Watson 1985, p. 59)].
- A nurse’s authentic intentionality and consciousness of caring has a higher frequency of energy than noncaring consciousness, opening up connections to the universal field of consciousness and greater access to one’s inner healer.
- Transpersonal caring is communicated via the nurse’s energetic patterns of consciousness, intentionality, and authentic presence in a caring relationship.
- Caring–healing modalities are often noninvasive, nonintrusive, natural-human, energetic environmental field modalities.
- Transpersonal caring promotes self-knowledge, self-control, and self-healing patterns and possibilities.
- Advanced transpersonal caring modalities draw upon multiple ways of knowing and being; they encompass ethical, and relational caring along with those intentional consciousness modalities that are energetic in nature, e.g. form, colour, light, sound, touch, visual, olfactory, etc. that potentiate wholeness, healing, comfort, and well-being.

Transpersonal caring science and SUHB

Drawing upon the above assumptions from TCS, it is now possible to extend more explicitly Smith’s (1999) previous integration of caring and SUHB. For example, the following unifying statements amplify the integration of TCS and SUHB:

- The intention of transpersonal caring expands in open, resonating, concentric circles from self to other to Planet Earth to universe. It includes caring consciousness, and participating knowingly in human–environment energy field patterning;
- The nurse’s authentic presence, consciousness and intention in a caring moment manifests caring field patterning;
- The nurse’s presence and caring consciousness potentialize change in the field, by cocreating human–environment energy field patterning from lower frequencies to higher frequencies (i.e. caring consciousness carries higher energy frequencies than noncaring consciousness);
- Transpersonal caring resides within a field of caring consciousness and energy that transcends time, space, physicality, and is one with the universal field of consciousness (spirit) – the infinite.

Through this process, we find shared notions of the concepts in both the SUHB and TCS in Table 2:

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<th>Table 1. Tenets of Rogerian science of unitary human beings</th>
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<td><strong>Energy field</strong></td>
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<td><strong>Environment (environmental field)</strong></td>
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<td><strong>Pandimensionality</strong></td>
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<td><strong>Pattern</strong></td>
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<td><strong>Principle of resonancy</strong></td>
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<td><strong>Principle of integrality</strong></td>
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<td><strong>Unitary human beings (human field)</strong></td>
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SUHB and TCS: trans-theoretical integration and extensions of shared commonalities

In considering transpersonal caring as an exemplar of CS that intersects with some foundational aspects of SUHB, we find harmony in diversity that can advance the trans-theoretical discourse in theory and knowledge development in nursing science. In exploring relationships between the parallel nursing theoretic structures, we find philosophical and theoretical convergence. Some of the more specific commonalities between SUHB and TCS are as follows:

- both TCS and SUHB reside within a unitary–transformative paradigm, honouring the universal oneness and connectedness of all.
- both TCS and SUHB share unitary perspectives related to mutuality of human (caring) processes, whereby a caring moment potentiates the emergence of a new human–environmental energy field pattern.
- both TCS and SUHB are comingled and extended, by integrating principles of energy and resonancy (from SUHB), with caring consciousness (from TCS). For example, we extend the SUHB by asserting from TCS that the *caring consciousness of the nurse is a higher human–environmental field wave pattern than that of noncaring or ordinary consciousness. We extend TCS by integrating principles of resonancy into caring consciousness and caring field. Further, we make significant connections between SUHB and TCS by attending to the human–environmental field pattern cocreated with the one-caring and the one-cared for.
- by relating transpersonal (caring) consciousness from TCS with pandimensionality from SUHB, we better understand that caring consciousness transcends time, space, and physicality and is open and continuous with the evolving unitary consciousness of the universe.
- by acknowledging caring as the ethical and moral foundation from TCS and relating that to SUHB we make explicit the imperative of an ontological–philosophical view for nursing, committed to knowledgeable, compassionate human service.
- drawing from both SUHB and TCS we make explicit an expanded view of what it means to be human, thereby acknowledging the unitary, transpersonal, evolving nature of humankind, both immanent and transcendent and continuous with the evolving universe.
- when energy field of SUHB and its continuous, infinite motion is integrated with TCS we see the connection with the mystery, the infinite, the universal field of cosmic consciousness energy, of living and nonliving.
- by integrating consciousness and energy from the two systems we evolve a unitary caring science that 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.

*Note: Rogers did not incorporate consciousness into her system; the relationship between consciousness and energy is emerging within transpersonal caring theory as well as mind–body science.
When nursing evolves to a point whereby it can embrace a model of knowledge development that includes both science and spirit, and incorporates both caring and unitary perspectives, we enter into a new level of deep knowing about the nature of reality. This turn makes explicit an expanding unitary, energetic worldview with a relational human caring ontology. As we evolve as a profession and discipline to this new level we are invited to consider new ways of knowing, being-becoming, and doing as unitary caring human beings in continuous relation with an evolving universe.

It is here in this new turn that caring and nursing knowledge development is transformed from fragmented bits of information into a unified framework for deep wisdom; here is where we more fully can experience and accommodate the empirical with the invisible; the subtle essence of the whole universe within each caring moment. It is here in these deeper dimensions that we are invited to explore the mystical with the empirical, the transcendent with the immanent, the embodied spirit of energy and consciousness and how they potentiate and mediate health and healing for self and others. If nursing continues to mature toward this deep nondualistic knowing, we shift from material particulate medicine/nursing to nonphysical phenomena and healing processes that requires new visioning, deep knowing, imagination, and creative trans-theoretical emergence for an open universe of possibilities.

Policy and practice implications

The policy and practice implications of this discourse results in further movement toward trans-theoretical and transdisciplinary approaches and alliances in both scholarship and practice. By examining consistent ideas across theories, that are located within the same paradigmatic perspective, nursing moves away from fixed categories that set the debate and ‘Balkanize’ theoretical developments. By pursuing unities rather than theoretical differences nursing avoids locking theories into isolated ‘silos’ where there can be little dynamic flow. The movement toward trans-theoretical integration and creative synthesis still maintains the integrity of each theory, while enabling nurses to join together on policy and practice issues that are important to multiple groups (e.g. International Association of Human Caring; Society of Reoggerian Scholars; International Holistic Nursing Groups and Organizations; International Reflective Practice Conference Groups, etc.). Further, such efforts can unite nurses from different specialties, and even subspecialty groups to participate in trans-theoretical discourse and study by generating research/scholarship teams that cut across conventional units and systems. New theory-guided practice models may emerge that integrate and synthesize unitary caring from two theoretical approaches that are internally consistent, thereby facilitating implementation and evaluation of advanced practice professional nursing qua nursing models.

Moreover, and most importantly, the trans-theoretical directions of CS and SUHB are congruent with the deep relational ethical caring covenant that nursing has held with its public across time around the world. By pursuing trans-theoretical unitary caring scholarship and practice, nursing is helping to sustain and live out its highest commitment to humankind and society.

Conclusions

Creative synthesis of TCS and SUHB can facilitate new directions for trans-theoretical knowledge development. The integration and extension of two previously disparate trees of nursing knowledge development, invite ethical–ontological and epistemological scholarship for further inquiry. By integrating nursing’s unique TCS ontology with SUHB we point toward a new trans-theoretical discourse for nursing knowledge that is both discipline-specific, and transdisciplinary in nature. In doing so, nursing’s unique knowledge of transpersonal caring for unitary human beings can inform and extend other health and human service fields. Further, trans-theoretical scholarship can generate advanced theory-guided practice models that creatively unite ideas, rather than locking theories into fixed boxes, inhibiting their application and evolution.

Finally, as the search for trans-theoretical meaning continues, a Unitary Caring Science emerges. Together TCS and SUHB knowledge can advance contributions to human kind. Ultimately, while never fully comprehending the ‘elusive’ infinity of relational human caring, these continuing pursuits help to sustain nursing’s relational caring ethic of infinite responsibility to other and humanity itself. One of Martha’s hopes for the open-ended nature of all of science was that knowledge would continue to evolve to benefit the care of people in an ever-changing world (Rogers 1992).

References

Nursing theory and concept development or analysis


