

Integral and Holistic Nursing

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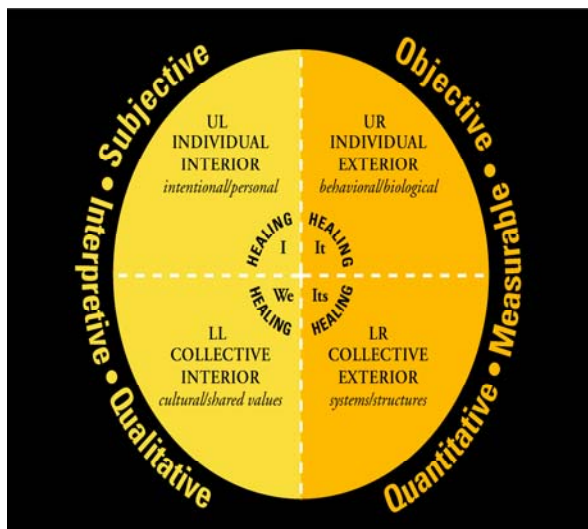


Holistic nursing has attained new levels of acceptance and is now officially recognized by the American Nurses Association (ANA) as a nursing specialty with a defined scope and standards of practice (AHNA & ANA, 2007). Our holistic nursing challenge is to learn and integrate new theories, models, information, and ways to articulate how we blend both the science and art of holistic nursing and healing in all areas and subspecialties of nursing. We also must increase our opportunities to interface in collaborative endeavors with various traditional and nontraditional healthcare professionals, healers, disciplines, and organizations.

Outside of nursing, there continues to be minimal understanding and recognition related to the depth of nurses' knowledge, expertise, and critical-thinking capacities and skills for assisting others in achieving and maintaining health and well-being (Dossey, Keegan, & Guzzetta, 2005; Eliopoulos, 2004; Frisch, Dossey, Guzzetta, & Quinn, 2000). So how can we become more integral and holistic so that we are open to the mysteries of life's journey and the wondrous stages of self-discovery with others and ourselves? As you read the following information on the integral model, remember that healing and an integral understanding are at the core of our holistic nursing philosophy and mission.

The Integral Model

The integral model is an elegant, four-quadrant model that has been developed over 30 years by Ken Wilber* (1999, 2000a, 2000b, 2005a, 2005b), one of the most significant American new-paradigm philosophers. The integral model describes the territory of our own awareness that is already present within us, and it helps us connect the dots of the actual process to more deeply understand who we are and how we are related to others and all things. Further, it assists us in everything we do in our personal self-care and development as well as in our nursing practice, education, research, and policies.



As seen in the figure, a circle of healing represents our integral and holistic nursing philosophy and mission. Inside the circle of healing, we see "I," "We," "It," and "Its" – to represent the realities that are already part of our everyday language and awareness. The horizontal and vertical dash lines indicate how each quadrant informs and empowers all other quadrants.

Virtually all human languages use first-person (“I”), second-person (“we” or “you and me”), and third-person pronouns (“it” for exterior individual, or the plural “its” for exterior collective) to indicate three basic dimensions of reality. The four quadrants of the figure show the four primary dimensions or perspectives of how we experience the world; these are represented graphically as the upper-left (UL), lower-left (LL), upper-right (UR) and lower-right (LR) quadrants. Each quadrant, which is intricately linked and bound to each other, carries its own truths and language. These quadrants are described as follows:

- **Upper-Left (UL).** In this quadrant (subjective), we find the world of the individual’s interior experiences: thoughts, emotions, memories, perceptions, immediate sensations, and states of mind (imagination, fears, feelings, beliefs, values, esteem, cognitive capacity, emotional maturity, moral development, and spiritual maturity). This is referred to as our “I” space.
- **Lower-Left (LL).** In this quadrant (intersubjective), we find the world of our collective, interior experiences: shared values, meanings, vision, language, relationships, and cultural background. This is referred to as the “we” space.
- **Upper-Right (UR).** In this quadrant (objective), we find the world of the individual’s exterior things: our material body (physiology [cells, molecules, neurotransmitters, limbic system], biochemistry, chemistry, physics), skill development (health, fitness, exercise, nutrition etc.), behaviors, practices, and anything that we can touch or observe scientifically in time and space. This is referred to as the “it” space.
- **Lower-Right (LR).** In this quadrant (interobjective), we find the world of the collective, exterior things: social systems/structures, networks, organizational structures, and systems (including financial and billing systems in healthcare), information technology, regulatory structures (environmental and governmental policies, etc.), and the natural environment. This is referred to as the “its” space.

On the outside of the figure, we see that the left-hand quadrants (UL, LL) describe aspects of reality as subjective, interpretive, and qualitative. In contrast, the right-hand quadrants (UR, LR) describe aspects of reality as objective, observable, and quantitative.

When we fail to consider the subjective, intersubjective, objective, and interobjective aspects of reality, our endeavors are often fragmented and narrow. Many recognized holistic theories and models do acknowledge the importance of various forms of reality, but the integral model recognizes all types of theories, data, phenomena, beliefs experiences, and paradigms that can be placed in the most appropriate quadrant. The basic concept in an integral approach is that we must *consider all points of view and possibilities*.

In addition to the four quadrants, the integral model also identifies lines, levels, states, and types as important elements of any comprehensive map of reality. Remember that, as holistic nurses, we already have an awareness of these areas and even describe some of this information in the *AHNA & ANA Standards of Practice* (AHNA & ANA, 2007). The integral model simply assists us in further articulating and connecting all areas and awareness related to our work of

service. Together, these areas are often referred to as A-Q-A-L (pronounced ah-qwal), which represents “all quadrants, all levels, all lines, all states, all types.” Briefly, these other four components are described as follows (see Wilber references for more details):

- **Levels:** the waves or levels of consciousness (e.g., physical, mental, emotional, spiritual) that are markers within a given developmental line.
- **Lines:** multiple intelligences or specific developmental areas (e.g., cognitive, interpersonal, emotional, moral, spiritual).
- **States:** temporary and changing forms of awareness (e.g., waking, dreaming, deep sleep, altered meditative, peak experiences).
- **Types:** horizontal difference (e.g., masculine and feminine, cultural types or personality types).

As holistic nurses, we already integrate integral and holistic practices related to body, mind, and spirit (the all-levels) in self, culture, and nature (“all quadrants” part). The AQAL integral approach suggests that we consciously touch all of these areas and do so in relation to our individual selves, to others, and the natural world (Dossey & Rushton, in press). Yet to be integrally informed does not mean that we have to master all of these areas; we just need to be aware of them and choose to integrate integral and holistic practices and awareness.

Because they are already part of our being-in-the-world and can't be imposed from the outside (they are part of our makeup from the inside), our challenge is to identify areas for development and find new ways to deepen our integral and holistic life practices in various endeavors each day as often as we can. For example, we use the integral model with a person following a seizure who has been taken to the emergency room. Which is more important -- the brain (neural pathways and brain seizure focal areas) or the patient's and family's mind (emotions, meaning, thoughts, perceptions)? Or is the neurologist, the nurse, or the emergency room more important?

Using an integral approach, the answer is that *all are equally important* to prevent this individual from further seizures and potential complications, and to develop a collaborative integral and holistic treatment plan that addresses all quadrants. Each quadrant represents an *equal* one-fourth of reality, of the totality of our being and existence. This model is a large map that helps us touch and link all aspects of reality, including the importance of the nurse taking a short break for self-care when appropriate.

What next?

As we approach Florence Nightingale's (1820–1910) centenary, her life and work demonstrate and document that she focused on the individual and collective, the inner and outer, and the human and nonhuman (Dossey, 2000; Dossey, Selanders, Beck, & Attewell, 2005). By continuing to explore our nursing legacy through both an integral and holistic lens, we can support and mentor each other and a new generation of nurse healers in creating a healthy world.

When integral and holistic principles, practices, theories, and approaches are learned and integrated into an individual's life, one becomes a vehicle that moves with more harmony and balance in the healing process and dissolves barriers in healthcare reform. We are the change agents who can create the cultural change needed to achieve a healthcare system driven by the

needs of the patients/clients and their families. This change values integral and holistic approaches in providing decent and compassionate care.

We are writing our role in history as we collectively join to actualize our visions of providing integral and holistic nursing care to patients/clients and family/communities in collaboration with other healthcare practitioners/students. How are we going to write our chapter? What is our role at the local, national, or international level? What germinating seeds will we leave? What are our next productive, innovative, and creative endeavors and leadership roles? As we work together, we are creating a healthy world. You are invited to sign the Nightingale Initiative for Global Health (2006), a nurse-driven initiative taking us one step toward that new world.

NIGHTINGALE DECLARATION OF COMMITMENT FOR A HEALTHY WORLD BY 2020

“We, the nurses and concerned citizens of the global community, hereby dedicate ourselves to achieve a healthy world by 2020.

We declare our willingness to unite in a program of action, to share information and solutions and to improve health conditions for all humanity—locally, nationally and globally.

We further resolve to adopt personal practices and to implement public policies in our communities and nations—making this goal achievable and inevitable by the year 2020, beginning today in our own lives, in the life of our nations and in the world at large.”

Signature _____
www.nightingaledeclaration.net

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*For further exploration of the Integral Model, the reader is encouraged to examine the many publications by Ken Wilber and the work of the Integral Institute (www.integralinstitute.org).

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Figure 1. Healing and the Integral Model

Source: Wilber, K. (2000). *Integral Psychology: Consciousness, Spirit, Psychology, Therapy*. Boston: Shambhala. (Figure adapted by Barbara M. Dossey©, with permission from Ken Wilber.)