

Making Connections Among Disciplinary Perspectives in Nursing:  
An Exploration of Integral Theory as a Metatheoretical Perspective  
Informing Nursing Scholarship and Practice

by

Linda Margaret Shea  
B.S.N., Vermont College of Norwich University, 1991  
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A Dissertation Submitted in Partial Fulfillment of the  
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### ABSTRACT

Over the past decade, Integral Theory has been an emerging focus of academic scholarship in nursing and other fields. At this nascent period, it is evident that nursing scholars are using Integral Theory in ways that depart from an approach seen in some other disciplines, where Integral Theory is used as a metatheoretical framework for organizing disciplinary knowledge to inform professional practice. The purpose of this paper-based dissertation is to clarify how Integral Theory is being used by the discipline and profession of nursing in relation to the metatheoretical approach used by other disciplines, and to conduct research that contributes a practice-based perspective on Integral Theory in nursing. This has been achieved using the following three approaches, which are presented in three separate papers in this dissertation:

1. The first paper introduces Integral Theory to the nursing community as a metatheory, capable of providing an integrated, coherent view of multiple disciplinary perspectives within nursing and, using a case example, demonstrates Integral Theory's application in nursing practice.
2. The second paper examines Dossey's Theory of Integral Nursing from Integral Theory's metatheoretical perspective. Although aspects of Integral Theory are incorporated into the Theory of Integral Nursing, this paper demonstrates how Dossey's approach differs from the metatheoretical intent of Integral Theory.

3. The third paper reports on research findings from a qualitative study conducted using an Interpretive Descriptive Research Methodology to investigate how nurses use Integral Theory in their professional work. Findings indicate that nurses in this study used Integral Theory as a map that gave structure to an inquiry process in their nursing practice, while also identifying factors that constrained their use of Integral Theory.

The presentation of this dissertation is organized in the following manner. The introductory chapter includes a description of Integral Theory in academic scholarship, its potential usefulness in nursing as a metatheory, and a review of literature on Integral Theory in the professional practice fields of nursing and psychology. The three papers are then presented in three separate chapters, followed by a final chapter outlining implications of this dissertation for the practice discipline of nursing.

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## Chapter 1: Setting the Stage

### Part 1: Introduction to Integral Theory in Academic Scholarship

Ken Wilber's Integral Theory is a metatheory; a theory of theories or lens of lenses that links together knowledge and insights from all human disciplines and wisdom traditions throughout the ages (Wilber, 2001). As a metatheory, Integral Theory orients and interweaves a plurality of perspectives known to humanity, preserving the unique differences among these perspectives, while simultaneously unifying them (Marquis & Wilber, 2008; Esbjorn-Hargens, 2009). Integral Theory offers an organizing framework, a *metatheoretical framework*, for knowledge where interconnections among theoretical and philosophical perspectives underpinned by diverse ontological and epistemological assumptions are revealed (Esbjorn-Hargens). The term metatheoretical framework draws attention to the many different perspectives that are encompassed and uniquely placed in relation to each other within Integral Theory. At the same time, Integral Theory is a "metatheory" offers a unifying meta-perspective that connects all knowledge.

Within the field of metatheory or integral studies, Integral Theory has an established following among academics from a variety of disciplines dedicated to the development, critique, and application the metatheory. The Meta-Integral Academy (<https://metaintegral.org>) comprised of leading scholars on Integral Theory, is part of a larger Meta-Integral alliance, dedicated to innovative initiatives for addressing complex issues in a global context. Scholarly work on Integral Theory has occurred in a variety of fields of inquiry including psychology, psychiatry, and psychotherapy; religion and spirituality; ecology; education; business; art; culture, communication and conflict resolution; health sciences; medicine; and nursing ([www.integralresearchcenter.com](http://www.integralresearchcenter.com)). In

addition, the publication of the Journal of Integral Theory and Practice (formerly AQAL: The Journal of Integral Theory and Practice) and annual conferences on Integral Theory attest to an enduring interest in the possibilities of enacting a metatheoretical approach to solve the complex global issues facing humanity at this time in history.

In the field of psychology, there is an expanding body of peer-reviewed scholarship using Integral Theory as a metatheory in a professional practice-based context. Scholars of Integral Psychology claim that Integral Theory offers an inclusive view of theories and interventions within each discipline. For example, Marquis and Wilber (2008) argue that Integral Theory offers a perspective that encourages psychotherapists to conceptualize patients from multiple perspectives, while simultaneously offering a comprehensive and systematic way of organizing a broad range of psychotherapeutic approaches that attend to the patients' unique needs.

While scholars in the field of psychology are grappling with the implications and applications of Integral Theory in professional practice, Integral Theory is being introduced into nursing in ways that have not been clarified for the practice discipline. The Integral Psychology literature offers insights for nursing, as both are human service fields with missions to serve clients and support health. Before examining the potential use of Integral Theory in nursing, and reviewing current literature on Integral Theory that supports the need for closer examination of Integral Theory's introduction into nursing, a description of Integral Theory, in particular, the AQAL (all quadrants, all levels, all lines, all states, all types) matrix, is provided.

## **An Overview of Integral Theory**

This overview of Integral Theory includes some background on Ken Wilber, the creator of Integral Theory, and delineates major theoretical sources. It also identifies personal interests and experiences identified by Wilber (2001) that have influenced the creation and evolution of Integral Theory.

### **Wilber's Background and Theoretical Sources**

As the creator of Integral Theory, Wilber's philosophical and theoretical sources are broad and diverse (Wilber, 2001). Educated in biochemistry and biophysics with a fascination with Eastern contemplative traditions, Wilber's first book, *The Spectrum of Consciousness*, was published in 1977. In this book Wilber presented a full-spectrum model of consciousness integrating Eastern contemplative traditions with major schools of Western psychology. This book launched a prolific 10 year period of writing for Wilber on topics related to Eastern and Western transpersonal perspectives on personal growth and human development; transpersonal human evolution; science, religion, and spirituality; quantum questions and the holographic paradigm; conventional and contemplative perspectives on consciousness; and consciousness, spiritual and personal transformation.

In 1991, Wilber wrote *Grace and Grit: Spirituality and Healing in the Life and Death of Treya Killam Wilber*, which chronicled a five-year shared journey with his wife through her experience living with and dying from breast cancer. Following the completion of this book, Wilber's long-time plan to write a book on integral psychology was side-tracked. Key concepts for his intended book, namely development, hierarchy, transcendentalism and universalism, had fallen out of favor in academia. Instead,

academic discourse had shifted to what Wilber identified as extreme postmodernism and pluralistic relativism (Wilber, 2001). Rather than proceeding with writing his proposed book, Wilber sought to develop “an integral philosophy” (Wilber, 2001, p. 38) that would encompass not only Eastern and Western philosophy and wisdom traditions of the world, but all forms of scientific, moral and aesthetic knowledge available to humanity. The resulting book, *Sex, Ecology, and Spirituality: The Spirit of Evolution*, was published in 1995. In the course of writing *Sex, Ecology, and Spirituality*, Wilber grappled with the idea of hierarchies, conscious of the oppressive nature of dominator hierarchies which postmodern writers illuminated, yet recognizing the existence of growth hierarchies. Wilber proceeded to conduct a 3-year cross-disciplinary exploration of over 200 hierarchies, which were eventually sorted into four groups of growth hierarchies (Wilber, 2001) describing interior and exterior realities of individuals and groups, which now form the familiar four quadrants of Integral Theory.

Wilber’s subsequent writings are numerous including *The Marriage of Sense and Soul: Integrating Science and Religion* (1998), *Integral Psychology: Consciousness, Spirit, Psychology, Therapy* (2000), *A Theory of Everything: An Integral Vision for Business, Politics, Science, and Spirituality* (2001), *Integral Spirituality: A Startling New Role for Religion in the Modern and Postmodern World* (2007), as well as other works. There is currently a growing interest in the enactment of Integral Theory. For example, in 2008, Wilber, Patten, Leonard, and Morelli published a book entitled *Integral Life Practice: A 21<sup>st</sup> Century Blueprint for Physical Health, Emotional Balance, Mental Clarity, and Spiritual Awakening*. This book offers a flexible system of self-development

practices designed to assist the reader to move beyond integral thinking toward the embodiment of an integral worldview in daily life.

### **Assumptions Underpinning Integral Theory**

Integral Theory incorporates both developmental and postmetaphysical perspectives, and the major assumptions underpinning these perspectives. Integral Theory is a full-spectrum developmental theory, and encompasses conventional stages of development from birth to adulthood in a variety of developmental areas, transpersonal and spiritual development including yet-to-be-realized human potentials (Fall, Miner-Holden & Marquis, 2004).

Integral Theory includes the following full spectrum developmental assumptions (Cook-Greuter & Soulen, 2007): developmental unfolding resembles an ever-expanding spiral of increasing complexity and broadening worldviews. Development is progressive and sequential, with later stages including earlier ones while adding something new. Development occurs through interaction with one's environment. What one notices or what enters one's awareness is stage dependent, and influences how one describes and responds to one's world. Unfolding development increases one's skillfulness for interacting with complex environments, and includes greater personal autonomy as well as tolerance for difference and ambiguity.

The developmental process of differentiation and integration that occurs as one ascends the developmental ladder can be interrupted, leading to pathologies that can impede healthy progression to subsequent stages (Wilber, 2000). In addition, as a full-spectrum developmental theory that includes transpersonal and spiritual stages of development, there is a shift at the transpersonal stages and beyond from fortifying and

stabilizing a healthy, separate sense of self, to progressively surrendering a separate sense of self to the oneness of all.

Second, Wilber (2007) describes his theory as post-metaphysical, a perspective that challenges the “pre-given” nature of reality, and draws attention to unfolding human potential at the outer, emerging levels of human development (Wilber 2001). In the description of Integral Theory’s levels, levels are described as holarchical, with higher levels including, or enfolding, lower levels while also adding something distinctive. Enfolded holons in the full spectrum of development are not pre-givens, but rather are “cosmic memories” (Wilber, 2001) or habits that have taken form over time, only to be enfolded by higher holons (for example, postmodernism enfolding modernism). Stated another way, higher levels are evolving rather than pre-given, taking on form with a quality of plasticity, as potentials unfold and greater numbers of people coevolve into these higher levels.

### **Integral Theory: A Description**

As a metatheoretical framework, Integral Theory has five interrelated components: quadrants, levels or waves, lines or streams, states and types. The theory is often referred to by the acronym AQAL (pronounced “ah-qwal”), referring to “all-quadrants, all-levels” which in turn refers to “all-quadrants, all-levels, all-lines, all-states, and all-types” (Wilber, 2007).

**Quadrants.** The four quadrants represent different dimensions of reality or aspects of human experience that are simultaneously present and tetra-arise in each moment (Wilber, 2007).

Pictorially, the four quadrants appear as a 2x2 table: right hand quadrants signify the objective, exterior realm; left hand quadrants the subjective and intersubjective interior realms; upper quadrants the individual, and lower quadrants the collective. The upper left quadrant maps interior first-person perspectives and experiences (“I”), capturing subjective (intentional) experience of the individual, aesthetics, and consciousness. The lower left quadrant addresses second-person and intersubjective perspectives (“We”), capturing shared culture and values. The upper and lower right hand quadrants represent third person objective perspectives of the individual (it) and collective (its) respectively, including individual anatomy, physiology, behavior, and social and ecological systems. By attending to these four quadrant dimensions of reality together, one can gain a more complete or integral understanding of a phenomenon in all its complexity.

Through the four quadrants, phenomena may be viewed or experienced in two co-existing ways: the quadratic approach, where *dimensions* of reality are directly accessed through embodied awareness and experience; and the quadrivia approach where the four quadrants offer different *perspectives* from which to view and understand phenomena (Esbjorn-Hargens, 2009). A key aspect of both approaches is the interconnection of these four dimensions or perspectives in all moments and situations. Stated another way, they tetra-arise (Wilber, 2007).

Scholars interested in conducting Integral Research using Integral Theory may use a multimethod approach associated with the theory called Integral Methodological Pluralism (IMP). IMP is based on Integral Theory’s four quadrants, with each quadrant addressing different perspectives or reality or dimensions of human experience. IMP

identifies two major methodological families associated with each quadrant that generate knowledge associated with each quadrant from first- and third person perspectives (Wilber, 2007). The intent of IMP is to attend to these four quadrant dimensions of reality together, using the methodologies suggested by IMP. The intent of this approach is to gain a more complete or integral understanding of the complexity of any phenomenon.

An additional feature of the four quadrants is their correlation with premodern, modern and postmodern worldviews, (Wilber, 2007). The left upper quadrant, representing the interior state of the individual, correlates with premodern wisdom traditions (perennial philosophy) –states and stages of consciousness, “realization” and spiritual experiences. The right upper and lower quadrants, representing objective, exterior of the individual and collective, correlate with modernism. The left lower quadrant aligns with postmodernism, focusing on the intersubjective truth and social construction of reality. Since the view from any one quadrant, from an integral perspective, is considered reductionistic, a four quadrant, integral approach provides a way of “leveraging” (Esbjorn-Hargens, 2007) the contribution of multiple paradigm perspectives and methodological approaches that may not otherwise be considered when addressing complex issues.

**Levels (stages, waves).** The four quadrants of Wilber’s theory emerged out of an examination and clustering of growth hierarchies in diverse disciplines, each describing progressive levels of development in the interior and exterior realms of the individual and collective (Wilber, 2001). The levels within the four quadrants represent various interior and exterior stages or waves of development through which individuals, groups, and systems progress.

Levels of development, also referred to as stages or waves, offer an understanding of different, progressively more complex and inclusive worldviews and human capacities. In the interior quadrants, higher levels of development represent increased depth of interior experience, while higher levels of exterior development represent increasing complexity in physical or system structure (Wilber, 2000). Rather than being rigid and linear, levels are fluid and flowing, unfolding and emergent (Wilber 2001). Levels can be thought of as different world views or ways that people experience, interpret, make meaning and respond to events in their lives (Cook-Greuter & Soulen, 2007). Levels have also been described as probability waves, reflecting how different realities are experienced or expressed under shifting contextual conditions. As probability waves,

an individual's developmental level is fundamentally a function of that person's residing in a *psychological space* from which the probability is quite high that the specific patterns of thinking, feeling and acting that characterize a given level of development are present and observable, whether from within or without.

(Marquis & Wilber, 2008, p. 353)

Levels are holarchical, with each new level transcending yet including crucial aspects of previous levels. The term "holarchy", created by Arthur Koestler, describes naturally occurring hierarchies that consist of "whole/parts" (Wilber, 1995) or holons, where successive holons not only enfold their predecessors into their own make-up, but also add something distinctive and transformative. Wilber cites the example that cells contain molecules, but not visa versa and extends the analogy beyond biology to social and cultural realms as well. A process of differentiation and integration occurs as holarchies evolve, with the potential for pathological development where dissociation,

rather than differentiation and integration occur. Stated another way, healthy holons balance the following four capacities: agency with communion, and self-preservation with self-transcendence (Wilber, 1995). The key implication is that each holon must retain its own integrity and simultaneously commune with other holons or the holarchy collapses.

Although Wilber's enduring interest has been on the evolution of consciousness, an aspect of interior human development that he has further detailed in other books such as *Integral Psychology* and *Integral Spirituality*, his creation of the four quadrant model led to the insight that development in any one of these quadrants has correlates at complementary levels in the other three quadrants (Wilber, 2001). For example, the experience of depression (interior-individual): is accompanied by changes in brain chemistry (exterior individual); is influenced by the cultural meaning of depression (interior-collective); as well as system structures such as the health care system and the pharmaceutical industry (exterior-collective). In Integral Theory, the correlating nature of levels of development among the four quadrants is depicted by superimposing color-coded concentric rings over the four quadrants, with each color representing different levels or altitudes of development. Within all four quadrants, advancement through higher levels of development involves a widening of perspective: from "me" (egocentric) to "us" (ethnocentric) to "all of us" (worldcentric) (Wilber, 2007).

Advancement through levels involves an impulse toward a more inclusive and broader view of the world. This suggests the existence of a developmental space at the leading edges of higher development:

In which various potentials unfold into actuality... They are in many ways still plastic, still open to being formed as more and more people coevolve into them...as these higher levels become actualized, they will be given more form and content, and thus increasingly become everyday realities. (Wilber, 2000, p. 12)

Levels are also grouped into tiers. At Tier 2, the capacity to appreciate the contributions of multiple level views and to integrally grasp situations emerges (Wilber, 2000).

**Lines.** In addition to levels or waves of development, there are also lines or streams of development. Lines represent various talents, capacities, or intelligences, including cognition, empathy, self-identity, creativity, morality, kinesthetics and others (Wilber, 2000). Although evidence suggests that individual lines of development unfold in a sequential, holarchical manner, various lines develop at their own pace such that the overall development of various lines can be relatively even or uneven (Wilber, 2000). For example, it is possible for someone to be advanced in cognition, yet lagging in moral development. By constructing a psychograph, a graphic representation of developmental lines in relation to levels of development, one can ascertain a more complete picture of a person's development.

**States.** States are “temporary occurrences of aspects of reality” (Esbjorn-Hargens, 2009, p. 13) for each quadrant that endure anywhere from seconds to years. For example, there are altered states of consciousness (upper left quadrant), group states (lower left quadrant), hormonal states (upper right quadrant) and weather states (lower right quadrant). From the perspective of integral psychology or spirituality, states refer to

states of consciousness (Wilber 2000, 2007). States tend to be mutually exclusive rather than occurring simultaneously. For example, one can be asleep or awake. Transient peak states, such as a sense of oneness with nature, or a runner's "high", can be experienced across stages of development. Although natural states, such as sleep or wakefulness, do not develop, contemplative and meditative states can be trained and stabilized into state-stages, a form of horizontal development within a particular level (Wilber, 2007). These contemplative and meditative interior states, or state-stages, are associated with exterior subtle or causal "bodies". For example, in contemplative or meditative state, one may experiences the fluidity of the subtle body or the stillness and formlessness of the causal body.

**Types.** Types refer to personal traits or characteristics of individuals that are expressed at any level of development and exist in all quadrants. For example, there are gender types, body types, blood types, political regime types (Esbjorn-Hargens, 2009), as well as personality types such as those identified with personality trait instruments such as the Enneagram or the Myers-Briggs Type Indicator (Wilber, 2000). Types offer another means of understanding human beings.

### **Integrating Multiple Perspectives in Nursing Scholarship and Practice: The Possibilities of an Integral Approach**

Integral Theory offers the possibility for systematically considering nursing situations and integrating nursing knowledge generated from multiple perspectives when addressing complex issues of concern to nurses. Although such integration might reveal new understandings for nurses that point to additional possibilities for action in complex situations, integrating these multiple perspectives toward pragmatic ends remains a

challenge for nursing. This challenge has persisted since the 1950s, when the creation of a unique body of knowledge for the discipline of nursing became an emerging priority (Gortner, 1983; Watson, 1981).

Since that time, the development of nursing as a practice discipline with a unique body of knowledge has since been fraught with tensions. Nursing scholars have attempted to generate scientific knowledge from multiple perspectives reflecting nursing's unique mandate; knowledge that is useful to nurses responding to the unique needs of patients in complex care situations, as well as understandable to those outside the discipline. Yet tension has persisted between the generation of generalized knowledge about issues of concern to nurses, and the application of that knowledge by individual professional nurses in practice, in context-specific situations requiring response to the unique needs of individuals (Thorne, 2008).

Early nursing scholarship, based on logical empiricism, or a "received view" view of science (Silva & Rothbart, 1984), pushed the discipline to identify its unique domain of focus, and Fawcett's (1984) metaparadigm of nursing, person, environment and health, became an organizing force in the early nursing theory development movement. The limits of a strictly empirical approach to issues of concern to nurses became apparent, and nursing scholars shifted their focus from a received view of science as product to a historicist view of science as process (Silva & Rothbart). Nursing scholars began to acknowledge other ways of knowing (Carper, 1978; Munhall, 1993; White, 1995) and ontological ways of being (Silva, Sorrell, & Sorrell, 1995) that nurses enact in their practice. This led to the use of interpretive methodologies, critical perspectives, as well as philosophical inquiry in nursing scholarship (Rodgers, 2005). These shifts in nursing

scholarship were paralleled in other disciplines as the evolution in the philosophy of science and the emergence of postmodernism challenged ultimate truth claims based on grand narratives, including any particular theoretical or paradigm perspective in nursing (Rodgers).

Currently, there are numerous theoretical and philosophical perspectives from which to view nursing, yet no way to consider these multiple perspectives as a complex whole that might inform nursing scholarship and practice in new ways. For example, numerous nursing scholars have attempted to describe competing paradigm perspectives within the nursing theory development movement (Fawcett, 1993; Newman, Sime, & Corcoran Perry, 1991; Newman, Smith, Pharris, & Jones, 2008). Others have turned to philosophical inquiry to explore nursing ethics and the moral intent to do good (Pesut & Johnson, 2013). Still others have turned to critical emancipatory perspectives aimed at disrupting and addressing structural inequities and power relations opposing health equity and social justice (Anderson, 2014; Browne & Reimer-Kirkham, 2014; Varcoe, Browne, & Cender, 2014). There have also been attempts to promote trans-theoretical (Watson & Smith, 2002; Cowling, Smith, & Watson, 2008) or trans-paradigm (Cowling, 2007; Cowling & Chinn, 2001) conversations within nursing scholarship, an approach that holds the potential to reveal interconnections among different perspectives in nursing scholarship that may not otherwise be obvious.

Considering the discipline of nursing within Integral Theory's AQAL framework, could offer a coherent view of the different epistemological and ontological perspectives within the discipline, so that their usefulness in different nursing situations may be considered by nurses, without privileging or marginalizing any particular perspective. For

example, the evolution of the discipline of nursing since the 1950s mirrors a trend in the philosophy of science from modern to postmodern. However, the predominantly modern health care systems within which most North American nurses work, have not kept pace with these developments (Wilber, 2012). Allopathic health care adopts an almost exclusively right-upper quadrant perspective, a third-person objective view of the individual that focuses primarily on the human body as object, machine, or physical organism. Although this objective view of the human body is suitable for diagnosis and treatment of physical ailments, it represents, from a four-quadrant perspective, only  $\frac{1}{4}$  of a person's experience (Wilber, 2012).

This tension has long been recognized in nursing, where the nurse's work involves not only physical care of the body (right upper quadrant), but also attention to the subjective, embodied experiences of those in their care (left upper quadrant). The socially and culturally situated meanings (left lower quadrant), and the interior experiences of the individual (left upper quadrant) experiencing health challenges can be difficult to address by nurses in health care systems that are structured (right lower quadrant) primarily to diagnose and treat physical ailments (right upper quadrant). Relationships are central to nursing practice and praxis (Hills & Watson, 2011; Newman et al., 2008), influencing the nurse's ability to understand and respond to the interior experiences of individuals in their care. Yet, these relationships typically unfold in complex care environments where nurses experience the pressure of competing demands that challenge their ability to enact their moral agency on behalf of those in their care (Rodney, Kadyschuk, Liaschenko, Brown, Musto, & Snyder, 2013).

Integral Theory has the potential to open up new ways of thinking about nursing scholarship and practice, however, Integral Theory is being introduced into nursing scholarship with little critique. The following review of the literature will focus on Integral Theory in nursing scholarship, incorporating literature from the field of Integral Psychology, where this metatheory is being used in professional practice.

### **Review of the Literature: Integral Theory in Professional Practice**

To date, the most prolific professional practice-based scholarship using Integral Theory is in psychology. Wilber's theoretical and philosophical sources since the publication of *Spectrum of Consciousness* in 1977 have centered on bridging Western psychology and therapies with Eastern contemplative traditions to understand the development and evolution of the self and consciousness. These issues are of primary concern to counseling psychologists and psychotherapists and are addressed in Wilber's books, such as *Integral Psychology* (2000) and *Integral Spirituality* (2006). In his book *Integral Psychology* (2000), Wilber points out that modern psychology is rooted in spiritual and mystical traditions (p. ix) and makes a case for the full-spectrum therapist (one who considers all levels of development and their associated pathologies, defenses and treatment approaches) to additionally focus on unfolding higher potentials, which may involve helping individuals to reintegrate aspects of self that were repressed/dissociated in earlier phases of development. Wilber's book *Integral Psychology* includes 21 pages of charts compiling the work of developmental theorists, philosophers, and perennial philosophers (wisdom traditions) that correlate for the reader stages of development (for example, cognitive, ego, moral, affective, social) with associated defenses, pathologies and treatments; self-stages; self-related stages of morals

and perspectives; stages of spirituality; miscellaneous developmental lines, and stages of sociocultural evolution. In his book, *Integral Psychology*, Wilber lays the groundwork for the full-spectrum therapist to grasp the depth, breadth, and complexity of the development and evolution of self and consciousness from an AQAL perspective. In the field of psychology, Integral Theory provides a meta-theoretical framework that articulates connections among various theoretical perspectives and therapeutic approaches within this practice discipline.

Concurrently, Integral Theory is making its appearance in the nursing literature, another practice-based discipline focusing on human wellbeing. Although nursing's professional mandate differs from counselors and therapists using integral psychology, an examination of scholarship in the field of integral psychology, as well as nursing, is presented to explore the potential usefulness of Integral Theory in professional practice in the human services.

### **Integral Theory in Psychology**

Scholars of integral psychology identify the following three most significant contributions of Wilber's Integral Theory to integral counseling and psychotherapy in describing and understanding their professional work: the all-quadrant, all level perspective; the spectrum of development, with associated defenses, pathologies, and treatments; and the emphasis on both the clients' and counselors' commitment to self-development through integral transformative practices (Fall Miner-Holden & Marquis, 2004; Marquis, 2007; Marquis & Wilber, 2008; Marquis & Warren, 2004). In the field of integral psychology, Wilber's full spectrum model is offered as a meta-theoretical framework that organizes diverse and seemingly contradictory psychological theories and

their associated interventions in a manner that illuminates connections among them for therapists in practice (Cook-Greuter & Soulen, 2007; Fall et al., 2004; Ingersoll & Cook-Greuter, 2007; Marquis, 2007; Marquis, Miner Holden, and Warren, 2001; Marquis & Warren, 2004; Marquis & Wilber, 2008; Miner Holden, 2004; Pearson, 2007).

In addition to overview articles describing Integral Theory's AQAL perspective for the full-spectrum therapist (Fall, Miner-Holden & Marquis, 2004; Marquis, 2007; Marquis & Wilber, 2008), the psychology literature on Integral Theory provides specific guidance for applying aspects of the AQAL matrix to the following clinical issues. First, how the self navigates through levels, while engaging in the developmental process of translation and transformation (Fall, Miner-Holden & Marquis, 2004; Ingersoll & Cook-Greuter, 2007; Cook-Greuter & Soulen, 2007; Marquis, 2007; Miner Holden, 2004; Pearson, 2007); second, the utility of quadrants, in combination with levels, to assess horizontal development and defenses (Fall, Miner-Holden & Marquis, 2004; Miner Holden, 2004; Pearson, 2007) within the context of the broader AQAL matrix; and third, consideration of lines, states, state-stages, and defenses in understanding spiritual development across the developmental spectrum or stages (Ingersoll and Bauer, 2004; Marquis, Miner Holden, and Warren, 2001; Marquis and Warren, 2004). Only one article was found applying Integral Theory in a group therapy context (Black and Westwood, 2004). Similarly, only one research article was found, which compared the Integral Intake, an intake assessment instrument based on Integral Theory with two other ideographic intake instruments (Marquis & Miner Holden, 2008). The Integral Intake has also been published in book format (Marquis, 2008).

While much of the literature centers on the spectrum of development as entry into the AQAL matrix, some articles foreground the quadrants, allowing a more in-depth examination of the quadrants in relation to other aspects of AQAL. These articles draw attention to the epistemic privilege and partial truths of each quadrant, and the different evidence required in each quadrant to make valid truth claims in professional practice and scholarship (Foster & Arvay, 2003). The holon (whole/part) becomes the ontological unit of Wilber's quadrant model, offering a way to understand, the contextual nature of how people make meaning and experience reality in counseling practice (Foster & Arvay).

Within the context of the AQAL framework, quadrants have also been used as an epistemic tool to articulate an integral approach to ethics in counseling practice (Foster & Black, 2007), and teaching the application of the DSM from an integral, rather than a RUQ perspective (Ingersoll, 2002). In the psychology literature, Integral Theory is primarily taken up as a metatheoretical perspective based on the AQAL matrix. Although different authors foreground particular aspects of AQAL, these discussions tend to be framed within the context of the AQAL matrix, with acknowledgement of the potential for reductionism or category error if a particular aspect of Integral Theory is taken out of context.

### **Integral Theory in Nursing**

Publications on Integral Theory within nursing scholarship are most prominent in the following substantive areas: holistic nursing philosophies and practices, unitary-caring perspectives (Cowling, 2007; Dossey, 2008, 2013; Jarrin, 2007, 2012; Quinn, Smith, Ritenbaugh, Swanson, and Watson, 2003; Watson, 2005), and in nursing education (Clark, 2006, 2012, 2013; Clark & Pelicci, 2011). Components of Integral

Theory's AQAL matrix have also been used to explore the following topics of interest in nursing scholarship and practice: metaparadigm concepts of nursing, person, environment and health (Dossey, 2008, 2009, 2013; Jarrin, 2007, 2012); ways of knowing (Dossey, 2008, 2013; Fiandt, Forman, Erickson Megel, Pakiester, & Burge, 2003; Jarrin, 2007); the art and science of nursing (Dossey, 2013; Jarrin, 2007; Watson, 2005); nursing theories (Baye, 2005, Dossey; Fiandt, et al.; Jarrin, 2007; Watson, 2005); and nursing research (Quinn, Smith, Ritenbaugh, Swanson, and Watson, 2003; Watson, 2005).

Integral theory has also appeared as a theoretical basis for clinical intervention in nursing (Baye, 2005; Grey, 2004); and in other philosophical and theoretical discussions on the state of disciplinary scholarship (Fawcett, 2005; Newman, 2002, 2003; Newman, Smith, Pharris, & Jones, 2008; Watson, 2002), illustrating the holarchical progression of nursing knowledge with each new level transcending and including other levels.

Although a brief overview will be provided of major nursing concepts or topics that have been explored within select components of Integral Theory, this review of the literature focuses primarily on the more comprehensive applications of Integral Theory that appear in nursing scholarship, as well as applications specific to nursing practice and nursing education (See Appendix A).

***Nursing Practice and Education.*** In applications of Integral Theory to nursing practice and education, the usefulness of a four-quadrant perspective in expanding one's view of reality to include four irreducible perspectives on the world and human experience, is a central theme. Key to this expanded view of reality is avoidance of over-reliance of any particular quadrant view at the exclusion of others. Clinical applications of Integral Theory in nursing practice include a four quadrant approach to the emergency

management of cardiac arrest that addresses the importance of left lower quadrant interpersonal communication, and right lower quadrant organizational system structures on team interaction and leadership that can influence the management of cardiac events in clinical practice (Baye, 2005). Integral Theory is also proposed as a practice framework for targeting HIV-related stigma in a manner that can guide intervention (i.e., a multi-modal approach focusing on the individual and collective, as well as the body, mind, and soul) (Grey, 2004). Stigma is described as culturally constructed and socially sustained, relating these phenomena to Wilber's lower quadrants; while the manner in which stigma is experienced and how it impacts the immune system is related to the upper quadrants. Adopting a holonic view of the person with HIV, the importance of a balanced communion of holons that comprise any holarchy to maintain the health of the holarchy is emphasized.

In nursing education, the four quadrants, including levels, have been used as a tool for undergraduate curriculum development, integrating holistic nursing theory and practices, and complementary and alternative therapies (CAT) into nursing curricula (Clark, 2006, 2013). Integral Theory's AQAL components have also been incorporated into Dossey's (2013) Theory of Integral Nursing, with emphasis on an integral perspective based on the Integral Theory's four quadrants (Dossey, 2013). The Theory of Integral Nursing is also the curriculum framework for one RN to BSN program in the United States (Northern New Mexico College, 2014), and has informed others (University of Maine at Augusta, 2015), representing an adaptation of Integral Theory within nursing.

Integral Theory's quadrants have also been used in course development (Clark, 2006, 2013; Clark & Pelicci, 2011), including basic undergraduate courses, as well as specialty courses in self-care, Reiki, and stress management/life balance. Integral Theory is presented as a way of moving among nursing's competing paradigms in teaching, and of capturing students' evolutionary growth and change in a manner that is consistent with emancipatory nursing education (Clark, 2006). Clark explores emancipatory education holarchically as a process evolutionary growth and change that can include student and faculty resistance as one's values and beliefs are challenged. Although nursing scholarship on emancipatory education or feminist pedagogical approaches are not discussed within the context of Integral Theory as a metatheory, their mention invites this consideration. Unlike other comprehensive applications of Integral Theory in nursing scholarship, Clark's integral educational approach ventures beyond a unitary-caring-healing perspective, and lays the groundwork for a metatheoretical application of Integral Theory in nursing education. In addition, the application of Integral Theory in nursing education raises the question of how practicing nurses who are exposed to Integral Theory in their nursing education, experience its usefulness in their nursing practice, an area as yet unexplored in the nursing literature.

***Integral Theory in nursing theory and philosophy development.*** Wilber (2001) defines integral as inclusive of as many perspectives within a discipline as possible. While there is growing interest in Integral Theory in the holistic nursing community, there is also a tendency in nursing scholarship to take up Integral Theory in ways that depart from the metatheoretical approach seen in psychology, which, in keeping with Wilber's definition of integral, aims to include multiple disciplinary perspectives.

Uses of Integral Theory in nursing that depart from this metatheoretical approach include Dossey's Theory of Integral Nursing, an expanded version of a nursing grand theory (Dossey, 2008, 2013), and the use of Integral Theory as a framework for unitary-caring philosophy and science in nursing (Jarrin, 2007, 2012; Watson, 2005). These applications of Integral Theory approach nursing concerns from a particular vantage point, thus limiting Integral Theory's metatheoretical potential, where nursing scholarship and practice may be considered from multiple vantage points within AQAL.

Dossey's (2013) Theory of Integral Nursing, presented as an expanded version of a grand theory<sup>1</sup>, incorporates Integral Theory's 4 quadrants and other AQAL components alongside nursing's metaparadigm concepts and ways of knowing, with the stated intent to enrich understanding of the theory's central concept of healing. This theory is well known in the holistic nursing community through its inclusion in the AHNA-endorsed *Handbook of Holistic Nursing*, thereby influencing nursing's exposure to Integral Theory. Within the *Handbook of Holistic Nursing* (2013), the Theory of Integral Nursing shifts focus from the whole person (holistic nursing) to the whole person situated in a broader context based on Integral Theory's four quadrants (Integral Nursing). The congruence of Dossey's Theory of Integral Nursing with the metatheoretical intent of Wilber's Integral Theory is the subject of Chapter 3.

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<sup>1</sup> Grand theories in nursing provide different ways of organizing and understanding abstract phenomena of concern to nurses from a particular perspective (Parker & Smith, 2010). Different grand theories can offer different views of similar phenomena of interest to nurses. The term "grand theory" differs from the term "metatheory" as used by scholars of Integral Theory, where multiple theories and philosophies representing different perspectives can be viewed in relation to each other within one metatheoretical framework (Hargens, 2009; Wilber, 2001, 2006).

Jarrin's (2007) approach to Integral Theory represents one of few occurrences in nursing scholarship where disciplinary knowledge is arranged within all 5 components of Integral Theory's AQAL framework. Her stated aim is to promote a unifying meta-theory of nursing that can facilitate communication within nursing, with nursing and other professions, and with nursing and the general public. However, her attempt to promote a unifying metatheory is undermined by her alignment with a unitary-transformative caring perspective in nursing scholarship, which unavoidably excludes other perspectives in nursing.

Within Jarrin's (2007) "Integral Philosophy and Definition of Nursing", nursing scholarship on caring is organized within Integral Theory's AQAL matrix. A definition of nursing as situated caring is offered, with the acknowledgement of disagreement in the discipline about the centrality of the concept of caring. Jarrin (2012) ascribes to a holonic view of the human being and has suggested similarity among Rogers' Principles of Homeodynamics, and aspects of AQAL (Jarrin, 2007).

Jarrin's (2012) "integral philosophical inquiry" of the four metaparadigm concepts from a unitary transformative caring perspective focused on Rogers' concept of integrality or "the continuous interaction of humans and the environment" (Jarrin, 2012, p. 15). "Integral" is equated with unitary, as well as Rogers' concept of integrality, without critically examining the meaning ascribed to these terms by Rogers and Wilber. Although Jarrin (2012) acknowledges that some unitary scholars, particularly Parse scholars, consider the unitary human being as indivisible, which is inconsistent with the discussion of a person's holonic "parts", this debate is not entered.

Although this integral philosophical inquiry (Jarrin, 2012) reportedly uses Integral Methodological Pluralism (IMP), a methodological approach developed for use with Integral Theory, there is no mention of methodologies associated with first or third person perspective views of the four quadrants, which IMP outlines, or of particular philosophical perspectives that may be associated with quadrant perspectives. Integral Theory is also identified as a lens, which may be more accurate than the claim of using Integral Methodological Pluralism.

Watson (2005) also examined caring from an integral perspective, clarifying her use of Integral Theory as an organizing framework for caring science, rather than nursing knowledge in its entirety. Watson's caring philosophy/theory has evolved over the years to its current form, a Theory of Human Caring (Watson & Woodward, 2010).

In her book, *Caring Science as Sacred Science*, Watson (2005) presents Wilber's integral approach as a useful organizing framework for caring science that encompasses observer/observed, subtle and dense matter, the immanent and transcendent-transpersonal, subjective/objective, and matter/spirit. She also explicitly identifies a fundamental departure in her thinking from Wilber's regarding metaphysics, which Wilber rejects, in favor of postmetaphysical assumptions. The four quadrants are presented at each level of existence, as a way of bringing together the empirical and the ontological-ethical aspects of human relationships in nursing practice. The left interior quadrants offer a means of highlighting caring-healing aspects of nursing practice and human phenomena, while still acknowledging the partial, yet important right-quadrant exterior dimensions which often take precedence in many cure-focused nursing work environments (Watson, 2005).

Watson (2005) also presents a figure entitled Ontological Mandala for Caring Science (p. 111), which transforms the quadrants into a medicine wheel or mandala in circular form, representing the four sacred directions and the four elements of earth, air, fire, and water. Although depicted in circular form, with arrows of the four directions replacing boundaries between the quadrants, this representation reflects a four-quadrant perspective with “self” in the center. This ontological representation depicts a quadratic, or embodied, perspective (Esbjorn-Hargens, 2009) of the four quadrants, four elements, and four directions, which are perceived through embodied awareness. Within the context of this Ontological Mandala, Watson (2005) situates the philosophical underpinnings of her theoretical work, which support the perspective of caring as a moral imperative; the philosophical perspectives of Emmanuel Levinas and Knut Longstrup. Key ideas from Levinas include concepts of belonging as a relational-ethical ontology that precedes being, as well as an Ethics of Face, in which we encounter our own humanity through the face of another. Knud Longstrup points out our responsibility to another as an ethical demand; that “we hold another in our hands” (Longstrup, 1997 in Watson, 2005). Watson (2002) also suggests personal practices (left upper quadrant) for cultivating the ability to embody a caring-healing nursing practice, including mindfulness, breath-work, offering gratitude, and practices that support connecting with spirit.

Thus far, this literature review has addressed applications of Integral Theory specific to nursing practice and education, as well as theoretical and philosophical works. These latter works represent attempts to unify nursing scholarship, yet each focus on a particular perspective within nursing in a manner that is not inclusive of all nursing scholarship. The following review of the literature provides a brief overview of major

nursing concepts or topics that have been explored within select components of Integral Theory.

*AQAL in nursing scholarship.* The aspects of AQAL examined in most detail in the nursing literature are quadrants, levels, or quadrants and levels combined. Quadrants have received the most attention, offering four dimensions/ perspectives from which to experience and view reality. The utility of quadrants is being explored in relation to practice (Baye, 2005; Dossey, 2008, 2013; Grey, 2004), and nursing education (Clark, 2006, 2012, 2013; Clark and Pelicci, 2011; Dossey, 2008, 2013). In an attempt to avoid reductionism, researchers have proposed using a four-quadrant perspective as a framework for researching healing relationships in nursing practice (Quinn et al., 2003) or researching holistic nursing (Zahourek, 2009), to capture caring, healing, and holistic phenomena of interest to nurses. Only one research article was found examining outcomes of a BSN Reiki course offered within the context of a nursing curriculum based on an integral-holistic caring philosophy and framed within a four-quadrant perspective. The quadrants have also been used to examine nursing's metaparadigm concepts (Dossey, 2008, 2009; Jarrin, 2007, 2012), ways of knowing (Dossey, 2008, 2009; Fiandt et al., 2003; Jarrin, 2007; Watson, 2002), and nursing theories (Baye, 2005, Dossey; Fiandt, et al.; Jarrin; Watson, 2005).

Lines, states and types are mentioned by a few authors, however, there is little elaboration on these aspects of AQAL in nursing scholarship. Dossey (2008, 2013) defines these concepts of Integral Theory in her Theory of Integral Nursing, but offers no further elaboration. Jarrin suggests connections among the tetra-arising nature of quadrants and the principle of homeodynamics from Roger's Science of Unitary Human

Beings; Wilber's levels and Roger's unitary principle of helicy; the helical nature of Wilber's lines and Roger's unitary principle of resonancy; and Wilber's states with the unitary principle of synchrony.

The levels of the AQAL matrix are explored in terms of holarchies (Clark, 2006; Gray, 2004; Jarrin, 2012) and Spiral Dynamics (Fiandt et al., 2003; Jarrin, 2007).

The importance of engaging in one's own inner work when working with others, and the potential for both healthy and unhealthy holarchical development within individuals are themes expressed by both Gray (2004) and Clark (2006). Levels are also explored in relation to Beck and Cowan's Spiral Dynamics (SD) (Fiandt et al., 2003; Jarrin, 2007), which is based on the work of Clare Graves, and outlines the evolution of value memes (stages of development or probability waves). These authors explore the utility of SD in assisting nurses to recognize and navigate workplace issues that reflect conflicting values and worldviews. Such conflicts might occur among individuals, such as nurses, patients, and other health care providers; or among the individual and professional values and world views of nurses, and the values and world views upon which their work environments are based. Although Wilber (2001) uses SD in *A Theory of Everything* to illustrate the concept of levels in his theory, he presents SD as only one example of levels, albeit a useful one. Jarrin (2007) mentions other examples of levels in nursing scholarship such as Benner's (1984) Novice to Expert framework, while Fiandt et al. limit their discussion to SD.

Dossey's (2008, 2013) description of levels within quadrants is primarily done quadrant by quadrant, based on three levels that Wilber uses to explain connections among different interior states of conscious and the exterior gross, subtle and causal

bodies that provide a vehicle for these interior expressions. Dossey describes the connection through levels between the two upper quadrants: that the exterior physical body correlates with the interior experience of everyday activities, the subtle body with, for example, dream states, and the causal body with experiences of the infinite that transcend space and time. Lower quadrant levels are not discussed. Similar to Fiandt et al. (2003) Dossey also mentions the evolution and development of first, second, and third tier thinking, noting that integral modes of consciousness, the capacity to grasp reality from an integral perspective, emerges within tier two. Although these authors advocate for tier-two or “integral” thinking in nursing, the ability to view the world from an integral perspective is relatively rare in the general population. According to Graves, Beck, and Cowan (in Wilber, 2000), slightly over 1% of the world population have developed to a Tier 2 level (More recent statistics have not been found). This may be an important issue to consider as Integral Theory becomes more prominent in nursing discourse.

In summary, a review of literature on Integral Theory in nursing scholarship focuses primarily on quadrants and levels, with some applications to nursing education and few specifically to practice. In addition, some applications of Integral Theory attempt to unify nursing scholarship, yet focus on a particular perspective that is not inclusive of all nursing scholarship, thereby not fulfilling the potential use of Integral Theory in nursing as a metatheory. This literature review has focused on scholarship using Integral Theory in the professional practice fields of nursing and psychology. The intent of this literature review is to gain an understanding of the potential usefulness of Integral Theory in professional practice disciplines, and to critique how Integral Theory is being

introduced into nursing. In addition, this literature review confirms that a practice-based perspective on Integral Theory is lacking, identifying a gap that this dissertation research will begin to fill.

### **Research Methodology**

For the research portion of the dissertation, an Interpretive Description (Thorne, 2008; Thorne, Reimer Kirkham, & McDonald-Emes, 1997; Thorne, Reimer Kirkham, & O’Flynn-Magee, 2004) study design was used to investigate the following research question: How does Integral Theory assist nurses in describing and understanding their professional work? Due to space limitations in the research paper presented in Chapter 3, the following information is provided here on the Interpretive Description methodology used for this study.

Interpretive Description (ID) (Thorne, 2008; Thorne, et al., 1997; Thorne, et al., 2004) is an inductive analytic approach uniquely designed to generate knowledge for practice-based disciplines, such as nursing. ID was developed by nurse researchers to offer a rigorous, coherent, and defensible research design strategy that is grounded in nursing’s epistemological foundations and mandate. Specifically, ID is based on the understanding that patterns of complex interactions between biological and psychosocial phenomena comprise human experiences of health and illness; that these common patterns are central to nursing’s disciplinary practice knowledge; and that principles stemming from these common patterns can be individualized and practically applied by nurses to individual patients in unique contexts (Thorne et al., 1997; Thorne et al., 2004; Thorne, 2008).

## **History of Interpretive Description**

Interpretive description was developed in response to an historical trend in nursing scholarship to use established methodological approaches designed for knowledge development in other disciplines, most notably, phenomenology (philosophy), grounded theory (sociology), and ethnography (anthropology). The methodological principles underpinning these, and other, approaches were designed to meet the disciplinary objectives of their respective disciplines and have not always been found suitable for generating knowledge with practical clinical application (Thorne, 1991; Sandelowski, 2000, Thorne, 2008; Thorne, et al., 1997; Thorne, et al., 2004).

For early nurse researchers pioneering interpretive methodologies in an academic climate valuing traditional empirical (i.e., quantitative) approaches, these borrowed methodologies lent “epistemological credibility” (Thorne et al., 1997) to qualitative research endeavors in nursing. At the same time, use of these established qualitative methodologies allowed early qualitative researchers in nursing to distance their work from quantitative description, which generally adhered to the rules and assumptions of traditional empirical science, such as large sample sizes, exclusion of outliers to limit variation, and decontextualization of qualitative data (Thorne et al., 1997; Sandelowski, 2000).

Early qualitative researchers in nursing, were encouraged to adhere to established qualitative approaches and avoid “method slurring” (Baker, Wuest, & Stern, 1992). However, this reluctance to depart from methodologies led to a “tyranny of method” in nursing scholarship (Sandelowski, 2000), where qualitative methodologies developed for theorizing in other disciplines, resulted in nursing research findings of theoretical interest,

but with little value for clinical application. The dual concerns of epistemological credibility and practical application, led to methodological variations, both thoughtful and otherwise (Sandelowski, 2000).

For example, while some researchers were naming their research endeavors Grounded Theory, Phenomenology, or as some other established approach, a careful reading of their research often revealed surface reports of qualitative findings that reflected little connection with their stated methodology. Alternatively, studies were also emerging that thoughtfully named methodological approaches and detailed departures from those approaches that aligned with nursing's pragmatic epistemological aims (Sandelowski, 2000; Thorne, et al, 1997; Thorne, 2008). These thoughtful methodological variations led to a growing realization that "there are a number of nurses doing legitimate qualitative research for which there is as yet no name" (Sandelowski, 2000). ID is an approach that provides nurses and others in applied disciplines, with an epistemologically and philosophically grounded design logic for generating knowledge about aggregates that is applicable in individual contexts (Thorne, 2008).

### **Interpretive Description**

ID is designed in congruence with nursing's epistemological foundations. ID is philosophically aligned with the underpinnings of naturalistic inquiry, such as the interrelationship between knower and known; the existence of multiple constructed realities; and the subjective and intersubjective nature of human experience (Thorne, et al., 2004, Thorne, 2008). ID is designed to grasp patterns and themes in informants' subjective impressions on topics of study, based on their experiential knowledge, with the aim of generating an interpretive description that is applicable in practice. Data collection

and analytic strategies are chosen that reveal subjective, experiential accounts of study participants on the topics of study, with the aim of generating an interpretive description that is applicable in practice. At the same time, the design strategies of ID borrow from some of the more established qualitative methodological traditions, lending rigour to the method.

ID was chosen for its potential to assist me in identifying common patterns in how nurses using Integral Theory experience it as useful (or not) in describing and understanding their practice. The intent of identifying such patterns is to hopefully derive principles from them that are credible, yet may be individualized in practice by nurses in unique practice contexts (Thorne, 2008; Thorne, et al, 1997; Thorne et al, 2004). My intent was to generate knowledge that is useful to nurses in practice and encourages research and scholarly dialogue in nursing that is practice relevant. I also wanted the ability to provide a rigorous interpretation that captured both commonalities and variations in informants' experiences that could have clinical application (Thorne et al, 2004).

In designing this study, a Qualitative Description (QD) study design was also considered. QD, as described by Sandelowski (2000, 2009), is less interpretive than ID, yet distinguishable from description within quantitative design descriptive studies. In quantitative description, there is less flexibility within study design to explore meaning of the unanticipated. Although both ID and QD involve description and varying degrees of interpretation (and both are consistent with naturalistic inquiry assumptions), ID has a greater emphasis on interpretation (that is more open-ended and of greater depth), while QD focuses more on description within a conceptual or philosophical context or

framework (Sandelowski, 2000). Although Integral Theory (IT) is a complex metatheory that could be used as an analytic framework for QD, this is not my intent. Rather, I am interested in uncovering common themes, and variations within and among those themes, of connections IT reveals for nurses that might assist them in describing or understanding the complexities of their work in useful ways.

### **Theoretical Scaffolding**

Consistent with other qualitative approaches, ID requires the researcher to locate oneself substantively, theoretically, and personally, prior to beginning the study.

Articulating this background knowledge creates a theoretical scaffolding (Thorne 2008), also referred to as an analytic framework (Thorne et al., 1997, Thorne et al., 2004), upon which to build an ID study design. Key elements of theoretical scaffolding include locating the intended study, and anticipated findings, within existing knowledge in the field through a review of relevant literature. In addition, it includes identifying personal theoretical allegiances, as well as personal and professional ideas, perspectives, and experiences that inform my interest in this topic. Additionally, ID requires thoughtful consideration of one's disciplinary heritage, and how one's disciplinary allegiances may shape one's analysis in unanticipated ways. Identifying theoretical, personal, and disciplinary allegiances through theoretical scaffolding, allows the researcher to consciously employ strategies in the research design to challenge personal perspectives that may otherwise inadvertently shape the analysis. This scaffolding is merely a starting point that will be challenged as new understandings emerge through inductive analysis (Thorne, 2008; Thorne et al, 1997).

IT provides the theoretical scaffolding for this study design. Interview questions were designed to explore with study participants their understanding and application of IT, and AQAL components, in their professional practice, with the intent of uncovering patterns in nurses' understanding of the usefulness of IT in their professional work. Although IT, and its components, were central to interview guide questions, and were used as an heuristic to deepen my analysis, the intent was to move beyond IT as a categorization scheme, to apprehend patterns of IT's usefulness to nurses in their professional practice. IT was thereby used as a starting point for data collection and analysis, beginning an iterative process of questioning and comparing between IT and the data, with the intent of moving beyond IT as a mere descriptive categorization scheme.

As part of the theoretical scaffolding for this study, I also reviewed literature on Integral Theory in the practice disciplines of nursing and psychology, noting differences in how Integral Theory is being taken up in these two practice disciplines; thereby bringing awareness to my disciplinary heritage and how it may shape my study design and analysis in the following ways. In nursing, IT is most popular among nurses interested in holistic philosophies and theories, and unitary-transformative-caring perspectives, and is largely taken up within this context. This is unlike the metatheoretical approach of psychology, where disciplinary knowledge is arranged within the AQAL framework. Nursing education seems to be one application where knowledge generated from different theoretical and philosophical approaches is arranged within the AQAL framework, albeit with an intent to bring unitary-caring perspectives into nursing education that is heavily based on IT's right quadrant perspectives. Theoretical scaffolding, and its influence on data analysis and study findings, will be

further discussed in the research portion of this study in relation to design strategies intended to support the credibility of study findings. Study design and rigor is addressed in the research paper in Chapter 4.

### **Summary**

Integral Theory is an emerging metatheoretical perspective in nursing, yet there has been little discussion in the scholarly literature on this trend. In addition, little is known about Integral Theory's usefulness in professional nursing practice. This paper-based dissertation is intended to contribute to scholarly dialogue on the usefulness of Integral Theory as a metatheory in nursing scholarship, education, and practice.

In the next three chapters, three papers will be presented comprising the body of this dissertation. Chapter Two presents a paper describing Integral Theory as a metatheory for clinical nursing practice. This paper offers a case example of the application of Integral Theory in holistic nursing practice and has been published in *Holistic Nursing Practice Journal* (Shea & Frisch, 2014). Chapter Three presents a paper comparing Wilber's Integral Theory with Dossey's Theory of Integral Nursing. This paper has been published in the *Journal of Holistic Nursing* (Shea & Frisch, 2015). Chapter Four presents a report of research findings from an Interpretive Descriptive study on the usefulness of Integral Theory in assisting nurses in describing and understanding their professional work. This paper is presented in an extended format to allow for a more thorough presentation of methodology and findings than would be possible in a paper of publishable length. The fifth and final chapter discusses implications and recommendations resulting from the completion of this dissertation.



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## Chapter 2

### Application of Integral Theory in Holistic Nursing Practice

#### Abstract

This paper explores the utility of Integral Theory's metatheoretical framework in supporting holistic nursing practice. A case example is provided to illustrate how Integral Theory allows for the organization, integration, and application of nursing knowledge generated from multiple perspectives in complex nursing contexts.

Key Words: Holistic Nursing, Integral Theory, Integral Nursing, Nursing Theory

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## **Introduction**

Over the past decade, there has been growing interest in Ken Wilber's Integral Theory in nursing, most notably among holistic nurses and educators, and proponents of unitary-caring and healing perspectives.<sup>1-12</sup> Integral Theory is recognizable by nurses primarily for its 4 quadrants, which are but one component of Integral Theory. When taken up as a metatheory, Integral Theory provides a framework, supporting the integration of diverse theoretical and philosophical perspectives within a discipline (as well as between and among disciplines), to offer a unified view of topics of concern to a discipline.<sup>13</sup> This metatheoretical intent of Integral Theory could be useful to nurses wanting to consider the whole person in their care in complex contexts. The purpose of this paper is to explore the usefulness of Integral Theory as a framework for holistic nursing practice, demonstrating the application of Integral Theory as a metatheory in a relatively common nursing practice situation – pain management.

### **What is Integral Theory?**

According to Wilber and his followers, Integral Theory is a metatheory that permits the organization of diverse theoretical and philosophical perspectives within, between, and among disciplines in a systematic and unified manner. It is a theory of theories or lens of lenses, allowing the systematic consideration of multiple theories, philosophies or worldviews in relation to each other so that their contributions to addressing issues of interest “may be linked, leveraged, correlated, and aligned”.<sup>13(p1)</sup> Integral Theory is often referred to by the acronym AQAL (pronounced “ah-qwal”), referring to “all-quadrants, all-levels” which in turn refers to “all-quadrants, all-levels, all-lines, all-states, and all-types”.<sup>14 (p18)</sup>. Together, these 5 components of AQAL

(quadrants, levels, lines, states, and types) form a metatheoretical framework within which disciplinary knowledge may be organized systematically.

This use of the term “metatheory” differs from the idea of grand theory or conceptual model or framework described in the nursing literature, in that a grand theory or conceptual model provides a way of understanding abstract phenomena of interest to nurses from one particular perspective or world view.<sup>15</sup> For example, Roy’s Adaptation model presents individuals as adaptive systems, while Martha Rogers’ theory presents individuals as unitary human beings. While each of these “grand theories” represents one perspective or world view, Integral Theory offers a metatheoretical framework within which both of these grand theories may be positioned in relation to each other so that potential insights that both might lend in a particular nursing context may be considered. Integral Theory weaves together key insights from major knowledge, philosophical and wisdom traditions throughout the ages, with the following implication for nursing. Arranging nursing knowledge, both past, present, and emerging, within Integral Theory’s metatheoretical framework allows knowledge that has been generated from diverse origins to be situated, viewed, and considered in relation to each other for their potential contribution to nursing issues. As a complex map, Integral Theory not only has the potential to help individuals make sense of the world conceptually, its very structure includes first, second, and third person perspectives that invite individuals to explore the territory that the map represents in a felt-sense, embodied way.<sup>14</sup>

Within the field of metatheory or integral studies, Integral Theory has attracted attention in academic circles, with a following of scholars from various disciplines dedicated to the critique, application and theoretical development of the metatheory.

The online Integral Research Center <sup>16</sup> offers a list of over 100 theoretical or research articles using Wilber's theory published in academic journals since 1996, as well as an article index of the Journal of Integral Theory and Practice (formerly AQAL: The Journal of Integral Theory and Practice) from 2006 to March 2012. In addition, a review of abstracts from 91 masters theses and doctoral dissertations explicitly using Wilber's theory, indicates interest in this theory in a variety of fields of inquiry including psychology, psychiatry, and psychotherapy; religion and spirituality; ecology; education; business; art; culture, communication and conflict resolution; and health and medicine, including nursing. <sup>16</sup> Furthermore, over half of these works occurred since 2004, which suggests a growing interest in Integral Theory in academic scholarship.

### **A Brief Description of Integral Theory**

In its simplest form, Integral Theory has five key components: quadrants, levels or waves, lines or streams, states and types. For interested readers, there are a variety of references that offer a more detailed discussion of this complex metatheory, and reflect Integral Theory's development and evolving nature over time. <sup>14, 17-22</sup> The key point about the theory is that an Integral perspective presumes that all aspects of AQAL are to be considered in relation to each other, rather than each in isolation.

The four *quadrants* of Integral Theory represent the interior and exterior realms of the individual and collective. <sup>13, 14, 19-22</sup> Although described separately, all four quadrant perspectives are present and interrelated in each moment and situation. <sup>13</sup> The left upper quadrant (LUQ) maps interior first-person perspectives and experiences ("I"), capturing the subjective experience of the individual, aesthetics, and consciousness. For example, inner dimensions might include a person's emotions, moods, or shifts in self-image in

response to an unanticipated diagnosis, or a nurse's internal sense of compassion for a grieving family.

The left lower quadrant (LLQ) addresses second-person and intersubjective perspectives ("We"), capturing shared culture and values. For example, a particular nursing unit might have a shared culture of collaboration, collegiality and caring where mutual support is valued. The shared culture on this unit might also support nurses to provide end of life care that honors a dying man's cultural and spiritual beliefs and practices that are important to him. The predominant shared values, beliefs, or meaning-making systems within our families, work cultures, religious or spiritual communities, or other social groups, influence our inner experiences and our outwardly expressed patterns of behavior.

The right upper (RUQ) and lower (RLQ) quadrants represent third person objective perspectives of the individual ("It") and collective ("Its") respectively, including individual anatomy, physiology, and behavior ("It"), and social and ecological systems ("Its"). For example, allopathic health care focuses a significant amount of attention on diagnosis, treatment, and cure of an individual's physical body, which is captured by the RUQ ("It"). The RLQ ("Its"), focuses on social systems such as hospital policies and procedures, government funding for health care, or political structures involved in setting health policy. These systems influence how health care is structured and funded, and the manner in which social determinants of health are addressed through policies, programs, and funding at different levels of government. By attending to these four quadrant perspectives of reality together, one can gain a more complete or integral understanding of a phenomenon of interest to nurses, in all its complexity.

The levels of Integral Theory are perhaps the most difficult component to understand. *Levels* within the four quadrants represent various interior and exterior stages or waves of development through which individuals, groups, and systems progress.<sup>14, 21, 22</sup> Levels certainly do refer to development and growth within all four quadrants, with movement toward broader, more inclusive, more complex capacities or worldviews. In the interior quadrants, advancement or movement is toward greater depth of interior awareness and experience, while movement in exterior quadrants is toward increasing complexity in physical or system structure. Within all four quadrants, advancement through levels progresses from egocentric to ethnocentric to worldcentric, or from “me” to “us” to “all of us”.

Wilber uses the term “altitude” as a way of thinking about levels across the four quadrants.<sup>14</sup> If we imagine hiking up a mountain, different altitudes will afford us different views. Our particular vantage point allows us to appreciate the terrain that we have already navigated, yet we need to keep advancing if we want a broader, more inclusive view from higher up the mountain. By recognizing altitude as a commonality among the four quadrants, levels provide a way of understanding the interconnected and ever-present nature of all four quadrants in all situations.<sup>5</sup> Connecting the quadrants in this way, levels help illustrate how interior worldviews, and their exterior structures at different altitudes, shape what one will notice or how one will experience a given situation, and the repertoire of possible responses a person will have at that altitude. The case study that follows will give an example of this interconnection among quadrants at particular altitudes or levels.

*Lines*, or streams of development represent various capacities, abilities, or intelligences, including cognition, empathy, self-identity, creativity, morality, kinesthetics, and others.<sup>14, 21, 22</sup> Unfolding in a sequential manner like levels, various lines represent multiple intelligences that develop at their own pace such that the overall development of various lines can be relatively even or uneven.<sup>22</sup> For example, it is possible for someone to be advanced in cognition, yet lagging in moral, aesthetic, emotional or spiritual development.

According to Wilber<sup>14</sup>, “different lines (or multiple intelligences) are actually the different types of answers to the questions that life poses” (p. 59). For example, the emotional line addresses one’s connection to one’s feelings; the values line questions of what is personally significant; the moral line, questions of what one ought to do and the nature of one’s obligations; the spiritual line to questions of ultimate concern<sup>14</sup>. Our willingness to engage with these questions in our own lives, and in relation to our patients’ circumstances, influences the quality of presence we offer those in our care, when these questions arise in complex care contexts with our patients. To illustrate, a nurse with a highly developed cognitive line, whose empathy is less developed, might excel at skillfully applying conceptual knowledge in service to a patient’s physical recovery, yet, have difficulty engaging with a person experiencing grief or loss.

*States* are “temporary occurrences of aspects of reality”<sup>13(p13)</sup> for each quadrant that endure anywhere from seconds to years. States tend to be mutually exclusive rather than occurring simultaneously. For example, if one considers individual, interior states (LUQ), one can be asleep or awake. Transient peak states, such as a sense of wonder and awe at the beauty of a sunset, or a runner’s “high”, can be experienced across stages of

development (LUQ). Group emotional states (LLQ) can shift at sporting events when the home team wins or loses. Hormonal states in the body (RUQ) and economic states (RLQ) in society can also change, lasting for various lengths of time. *Types* offer another means of understanding human beings, describing personal traits or characteristics of individuals that are expressed at any level of development such as those identified with personality trait instruments such as the Enneagram or the Myers-Briggs Type Indicator. <sup>14, 21, 22</sup> Table 1.0 <sup>13, 14, 21</sup> provides a summary of AQAL's five components.

Although any one component of Integral Theory's AQAL matrix might reveal useful information, using Integral Theory as a metatheoretical framework (i.e. embracing all of the components all at once) invites us to consider the contribution of knowledge generated from multiple perspectives in relation to each other. In doing so, we are invited to consider the potential contribution that multiple perspectives may offer simultaneously in any given context, rather than viewing complex situations primarily through our preferred lenses.

### **Application of Integral Theory to Holistic Nursing Practice**

In order to demonstrate the potential value of Integral Theory in nursing practice, a common focus in nursing - the assessment and management of an individual's experience of pain - will be explored. Pain is a useful example, due to its acute and chronic, multifactorial nature. For example, research on pain management in palliative care highlights the physical, emotional, mental, and existential or spiritual aspects of the pain experience. <sup>23</sup> These are all aspects, which Integral Theory's AQAL perspective can highlight. After introducing how Integral Theory could be used to consider pain from an

AQAL perspective, Integral Theory will be used to reflect on a case study of a patient experiencing pain.

### **Assessing and Managing an Individual's Experience of Pain Using Integral Theory's AQAL**

*Quadrants:* Integral Theory's four quadrants orient the nurse's attention to an individual's pain in the following ways. The multifactorial nature of pain includes its physiologic component that is responsive to pharmaceuticals (RUQ); the subjective meanings and interpretations of the individual experiencing pain (LUQ); values, beliefs, assumptions, and meanings that are shared at a group level (e.g. family, social, cultural), that influence the individual's experience, expression, and management of pain (LLQ); and the organizational, social, and political systems shaping the individual's access to pain management strategies, both within the hospital environment and broader society (RLQ).

*Levels:* Once again, consider levels as representing ever-broadening worldviews as one simultaneously advances in altitude in all four quadrants. Levels offer a way to consider how the management of pain in nursing practice is shaped by the dominant worldview upon which a health care organization's vision and mission statements, and its operational structures, are based. The assumptions, beliefs, and values, embedded in those vision and mission statements influence organizational structures, policies, and staffing practices (RLQ), and represent a shared organizational culture (LLQ). These interior and exterior collective values (LLQ) and structures (RLQ), influence the manner in which nurses and patients are encouraged to relate with each other, and can shape how a nurse responds to an individual's pain.

For example, a health care organization (or nursing unit in that organization) that's structure and operation is based on scientific materialist values will likely base policies and procedures, funding, staffing decisions on empirical scientific evidence aligned with "curing" the physical body, associated with a formal or rational worldview level.<sup>21,22</sup> This worldview, if internalized on individual nursing units, could promote values and attitudes that encourage nurses to view and manage pain primarily as a physical symptom, of organic origin that can be managed with pharmaceuticals, rather than consider pain as multifactorial. However, a health care organization based on a broader, more inclusive world-view, such as one based on pluralism and humanistic values, would likely create a different practice environment for the nurse and patient. This latter practice environment would still support the nurse to use a rational, objective approach to pain assessment and management, and would include the nurse's understanding of physiologic pain and its pharmacologic management. It would also encourage the nurse's caring and compassionate exploration and management of an individual's pain, recognizing pain as individually interpreted and experienced, as well as socially and culturally constructed.<sup>23</sup>

*Lines:* Integral Theory's numerous lines, which individually unfold at their own rate, also influence the nurse's ability to bear witness to and respond to the pain and suffering of another human being. For example, the nurse's cognitive line of development supports her or him to understand the multifactorial nature of pain, and recognize what to assess. However, the emotional line of development, for example, will influence the nurse's ability to reflect on one's own feelings about being with a person in pain; the interpersonal line, the ability to communicate and respond in a meaningful way to the

individual's experience of pain and suffering; and the moral line, to act in alignment with one's understanding of one's moral obligation to alleviate suffering of another. While the cognitive line can support a nurse to empirically and rationally know about pain, the emotional, interpersonal and moral lines allow the nurse to respond to a person's pain in a meaningful and ethical way.

*Types:* Integral Theory's types could refer to types of physical pain (neuropathic, idiopathic, inflammatory, intractable) and their most effective treatments (such as analgesics or anti-inflammatory medications). Types could also be used to distinguish between physical, emotional or existential pain, so that non-pharmacological pain management strategies and supports may be offered when pain is not strictly of physical origin.

*States:* States may refer to the quality and severity of the individual's pain state. It could also refer to the inner state experienced and expressed by a person in pain, as well as the nurse's internal state in response to a person's pain. To illustrate, a nurse might experience a state of anxiety or helplessness in the presence of an individual's intractable physical, emotional or spiritual pain. A nurse may have varying degrees of awareness of this internal state, or how that state influences his or her ability to respond to the person's pain. The nurse's state could also be considered in terms of a quality of presence that can be consciously cultivated. For example, some internal states that are attained through mindfulness or meditation practices can be stabilized into state-stages, a form of interior development.<sup>21</sup> This can be useful for nurses interested in developing a quality of presence that allows them to enter into moments of pain, suffering or vulnerability with another in a compassionate way, without being overwhelmed by the experience.

In summary, all components of AQAL offer information about the individual in pain, the nurse responding to pain, as well as organizational and cultural factors influencing the nurse's interaction with the individual in pain. Integral Theory also points to the potential development of the nurse's ability to respond to increasing complexity of pain and suffering in a compassionate and reflexive way that takes into account factors that support or militate against the nurse's ability to respond in the moment.

### **Integral Theory and an AQAL Approach to Nursing Assessment and Management of Pain**

Through the use of a case study, an application of Integral Theory in the assessment and management of pain will be presented. Consider how a nurse's approach and management of pain may differ depending on the patient experience and care context. In addition, consider how using AQAL as framework to organize a nurse's assessment of pain might reveal factors contributing to pain that might otherwise be overlooked.

#### **Case: A Person Experiencing Acute Post-Operative Pain**

Joe Smith is 35 years old and is experiencing acute, post-operative pain following an appendectomy 8 hours ago. He has been admitted to a fast-paced, short-stay surgical unit with high patient turnover. He is receiving hydromorphone through a patient-controlled analgesia pump, and has not self-administered any medication, despite describing his pain severity as 8 on a scale of 10. Joe's brother, who is attending Narcotics Anonymous, is visiting Joe, and is cautioning him not to overdo the narcotics or he might get addicted. Joe owns and operates a popular café that he and his wife created – a shared dream come true. However, his wife died of breast cancer two months

ago at age 32, and Joe is overcome by grief. They were planning to start a family, now that their café is a success, and he is at a loss of what to do next. Joe shares with his nurse, Sandra, that his wife was his best friend and he has no idea how he will piece together a life without her. Through teary eyes, he smiles bravely, stating that he knows he still has a lot of living to do, but right now, his life feels meaningless. Working on a fast-paced surgical unit where pain is primarily managed pharmacologically, Joe's nurse, Sandra, is aware of the multifactorial nature of pain and wonders how Joe's grief over the death of his wife might be affecting his pain management. Sandra uses Integral Theory's AQAL framework to consider how to assess and respond to Joe's pain in a compassionate, caring way.

Knowing that pain is multifactorial<sup>23</sup>, Sandra considers *types* of pain, such as physical, emotional, or spiritual, in relation to the meaning the pain has for Joe, thereby challenging her original assumption that Joe's post-surgical appendectomy pain is merely physical in origin. Sandra realizes he may be experiencing emotional and spiritual pain over the death of his wife that influences his experience and expression of post-surgical pain, as well as his response to pain medication.

Joe might only require temporary pharmacological management of his physical pain, foregrounding a RUQ perspective, which aligns with an objective, empirical worldview. However, a broader assessment reveals personal (LUQ) or cultural beliefs (LLQ) about opiate addiction that are interfering with management of Joe's physical pain. He is reluctant to use the prescribed narcotic analgesic to sufficiently manage pain, due to fear of addiction. This broader assessment alerts Sandra to explore Joe's beliefs with him (LUQ), provide teaching on pain management and opiate addiction, and create a

plan of care that support's Joe's post-operative management of his physical pain in a manner that addresses his fears and values. In addition to pharmacological options (RUQ), a variety of complementary therapies and body-mind approaches are available to explore with Joe. These include breathing techniques, self-hypnosis, guided imagery, or environmental modifications such as soft lighting or music<sup>6,7</sup>. These body-mind therapies can support Joe to alter his inner *state* in response to the pain, toward a greater state of peace and relaxation.

Before considering other pain management options, Sandra checks in with herself as she ponders the possibility of Joe's grief contributing to Joe's experience of pain. She is aware that various lines of development that she has been working with, will influence her ability to offer Joe a compassionate, caring presence in response to his grief. Beginning with the emotional line of development, she considers her own feelings about responding to Joe's emotional pain and grief that cannot be medicated away. She reflects: "I'm used to managing physical pain – How do I feel about responding to this man's emotional pain and grief? Is this something I am comfortable with or is this an area of growth for me?" She reflects on the spiritual line and her comfort level stepping into the unknown with Joe if he is willing, and bearing witness to his questions of ultimate concern about the meaning of his wife's death: "Why her? Why me? Why us?" "How could God take her from me?" "Spirit, please comfort me." Sandra reflects on her moral line of development and considers what she ought to do. She reflects on how she as internalized nursing's disciplinary value of caring as a moral imperative. She knows that if she does not offer a caring presence to Joe in his emotional and spiritual suffering, she will not be living her values.

Sandra considers how her daily mindfulness practices are supporting her to embody a quality of presence with her patients that can be healing. In the past, she has experienced intermittent changes in state with her patients that are described in the nursing literature as transforming presence<sup>24</sup> or caring healing consciousness<sup>25</sup>. She trusts that she can be fully present to Joe's experience of grief without needing to fix it. She knows that her meditation and inner awareness practices, can help her achieve a more advanced level of state-stage development (LUQ) that is associated with subtle and causal body experiences beyond the level of the physical body (RUQ).<sup>14</sup> Sandra makes a conscious choice to be present to Joe's grief with compassion and caring, knowing that it is possible for her to offer a quality of presence that is potentially healing and transforming.

Sandra also reflects on how levels of development within quadrants are revealing cultural values (LLQ) on her fast-paced nursing unit that are influencing the management of Joe's post-operative pain. Both her unit culture (LLQ) and organizational structures (RLQ) are based on a scientific materialist worldview that post-operative pain in the patient care population on this unit is primarily physiological in origin and can be managed pharmacologically. In this environment, it is easier to "see" and respond to physical pain, which the unit is set up to manage, and overlook emotional or spiritual pain, that require a form of assessment and nursing response more in alignment with a pluralistic, humanistic worldview (a level of development that includes scientific materialism, yet also values caring, responsiveness, relational connection), or an integral worldview (beyond pluralism to integralism). Having this awareness, Sandra is able to articulate clearly the dominant worldview on this unit, that favors viewing pain as

physiologic, and to express possible alternatives at the next staff meeting, which support more holistic management of pain for patients on this unit. Such alternatives might include the enactment of humanistic values through caring practices supported by nursing's disciplinary knowledge base. For Sandra, specific nursing actions that emerge from an AQAL assessment include: medication and comfort measures for physical pain, including exploration of complementary therapies that Joe is open to trying, use of therapeutic presence and caring to support the pain of grieving, and articulation of the unit culture that limits the nurse's repertoire of responses to Joe and his experience of pain. From an AQAL perspective, Sandra realizes that the cultural values formally expressed in her hospital's vision and mission statements (LLQ) reflect caring for the whole person, and espouse humanistic, caring values. Consequently, she plans to use Integral Theory's AQAL perspective to support advocacy aimed at staffing patterns and unit-specific practices that represent a broader worldview that would better support responding to Joe's experience of pain in a more integrated way.

### **Discussion**

The intent of this case study is to illustrate how Integral Theory might provide a framework, through AQAL, for considering practice-based nursing concerns in an integral way (see Table 2). In particular, Integral Theory's AQAL perspective could allow nurses to consider the whole person in their unique context, while also identifying and responding to specific aspects of the person and situation requiring a nursing response in the moment. As well, Integral Theory can also provide a framework for identifying nursing knowledge that might inform patient care, in this case, pain management, while also supporting nursing advocacy for health care environments that

reflect and support core values of the discipline and profession of nursing.

Integral Theory may draw attention to nursing knowledge, and relevant nursing literature that align with different components of AQAL for nurses to consider in response to common and complex nursing care contexts, including an individual's experience of pain. For example, there is a strong intersubjective culture within nursing to enact caring as a moral imperative, to practice relational ethics, and to alleviate human suffering, all which demand a nurse to respond to pain that may or may not be medicated away. These topics are addressed in nursing literature of caring science, presence, healing, embodiment and relational ethics, to name a few. Such literature, when considered from an AQAL perspective, can inspire a nurse to consider personal factors that influence her or his own ability to respond to a person in pain. Likewise, Integral Theory's AQAL can draw attention to how the structure and values of the work environment support or militate against the nurse's ability to effectively respond to an individual's pain, or other experiences, in a manner that is meaningful to and effective for that person. An AQAL perspective might point to organizational factors that effectively and humanely support or undermine, pain management among individuals receiving care or being discharged home. Critical perspectives in nursing scholarship, for example, could highlight dominant discourses, or social and political factors that influence an individual's ability to purchase medication or pay for pain management therapies. If one accepts the assumption that quadrants, within the context of AQAL, offer four perspectives of equal value, and that the quadrants are fully integrated within the AQAL matrix, then Integral Theory's AQAL could be used to advocate for practice environments that allow for greater responsiveness of nurses to the pain of individuals in

their care, or other common, yet contextually unique, nursing situations.


### **Conclusion**

Considering the practice discipline of nursing from an integral perspective may open up new possibilities for nursing to explore. The benefit for nursing is that Integral Theory permits us to “see” from multiple perspectives at once and, contrary to other theories that have guided our work, allows a professional to move back and forth between and among theories and worldviews both conceptually and in an embodied, felt-sense way. A truly integral application of Integral Theory in nursing would allow nursing scholars and practitioners alike to view nursing knowledge and practice as a complex whole, taking multiple perspectives into account in a manner that is responsive to the specific contexts and experiences of individuals receiving nursing care.

It has been the intent of this article to invite reflection within the Nursing community about the potential contribution of Integral Theory (AQAL) as a metatheory in nursing practice. Integral Theory is a complex metatheory that has evolved over years, the complexity and potential utility of which will unavoidably elude full expression in a brief article. Interested readers who are unfamiliar with Wilber’s writings on Integral Theory are encouraged to read Wilber and join the dialogue among a growing community of nurses inspired by the possibilities for a more unified discipline and professional action that Integral Theory offers.

**Table 1:**  
**Author's Synthesis of Integral Theory's AQAL Elements** <sup>13, 14, 21</sup>

AQAL: All Quadrants, All Levels, All Lines, All States, All Types

Five Elements of AQAL	Description
<p><b>Four Quadrants</b></p> <p>Left Upper Quadrant (LUQ): “I”            Left Lower Quadrant (LLQ): “We”            Right Upper Quadrant (RUQ): “It”            Right Lower Quadrant (RLQ): “Its”</p> 	<p>- Four different dimensions of reality, or aspects of human experience, which are simultaneously present in any given moment.</p> <p>- Quadrants are irreducible, with each offering a valid and unique view, which cannot be understood from a different quadrant perspective.</p>
<p><b>Levels (developmental stages or waves)</b></p>	<p>- Levels within the four quadrants represent various interior and exterior stages or waves of development through which individuals, groups and systems progress.</p> <p>- In the interior quadrants, broader, more inclusive levels of development represent increased depth of interior experience, while broader, more inclusive levels of exterior development represent increasing complexity in physical or system structure</p>
<p><b>Lines (or streams of development)</b></p>	<p>- Lines of development represent various capacities, abilities and intelligences, which, like levels, unfold in a sequential manner.</p> <p>- Each line (or stream) of development unfolds at its own pace and may or may not be consistent with one's overall level of development.</p>
<p><b>States</b></p>	<p>- “Temporary occurrences of aspects of reality”.<sup>13</sup></p> <p>Includes natural, altered, and peak states of consciousness (upper left quadrant), group states (lower left quadrant), hormonal</p>

	<p>states (upper right quadrant) or political states (lower right quadrant).<sup>13</sup></p> <p>- States are mutually exclusive rather than occurring simultaneously eg. One is asleep or awake.</p>
<p><b>Types</b></p>	<p>- Traits or characteristics of individuals, group, or systems that are expressed at any level of developments and exist in all quadrants.</p> <p>- Quadrant examples of types:<sup>13</sup>  LUQ: Enneagram or Myer-Briggs  LLQ: Kinship systems  RUQ: Blood and body types  RLQ: Political regime types  (Esbjorn-Hargens, 2009)</p>

**Table 2**  
**Case Study Elements:**  
**Examples of Application of AQAL to Management of Pain**

<b>AQAL Component</b>	<b>Nurse's Focus on Patient</b>	<b>Nurse's Focus on the Nurse</b>
<b>Quadrants</b>	<ul style="list-style-type: none"> <li>- <u>RUQ</u>: Pharmaceutical management of pain</li> <li>- <u>LUQ</u>: Individual's subjective meaning and experience of pain</li> <li>- <u>LLQ</u>: Familial, social and cultural factors influencing individual's experience and management of pain</li> <li>- <u>RLQ</u>: Organizational, social and political systems shaping individual's experience, expression, and management of pain</li> </ul>	<ul style="list-style-type: none"> <li>- The nurse's direct experience or embodied awareness of the situation from all four quadrants.</li> <li>- The nurse's noticing and gathering information from four quadrant perspectives, that influences choices on how to proceed and act.</li> </ul>
<b>Levels</b>	<ul style="list-style-type: none"> <li>- Awareness of the dominant worldview or multiple worldviews shaping the patient's pain management experience from a four quadrant perspective e.g. scientific materialism, pluralism, integralism.</li> </ul>	<ul style="list-style-type: none"> <li>- Awareness of one's dominant worldview, and the associated personal assumptions, beliefs, and values, in relation to the dominant world view of shaping the operation of one's work environment.</li> <li>- Awareness of one's internalization of dominant values or silencing of one's own values in relation to dominant values, that influence the nurse's response to the individual in pain.</li> </ul>
<b>Lines</b>	<p>Awareness of multiple intelligences that influence the patient's experience and management of pain</p> <p>Examples of lines:</p> <ul style="list-style-type: none"> <li>- Cognitive: knowledge of pain and its management</li> </ul>	<p>The nurse's reflection and engagement with the questions suggested by various lines of intelligence that influence the nurse's response the individual's pain</p>

	<ul style="list-style-type: none"> <li>- Emotional: feelings about pain experience</li> <li>- Interpersonal: Interaction with others about the pain experience</li> </ul>	<p>Examples of lines:</p> <ul style="list-style-type: none"> <li>- Cognitive: knowledge of pain as multifactorial</li> </ul> <p>Emotional: Awareness of one's own feelings in response to an individual in pain and contextual factors influencing the nurse's response to pain</p>
<b>States</b>	<ul style="list-style-type: none"> <li>- The individual's internal emotional state e.g. hopelessness, vulnerability</li> <li>- The quality and severity of the individual's pain state</li> </ul>	<ul style="list-style-type: none"> <li>- Emotional response to the individual's pain e.g. anxiety</li> <li>- The nurse's quality of presence to the individual's pain, suffering, or vulnerability e.g. healing, disconnected</li> </ul>
<b>Types</b>	<ul style="list-style-type: none"> <li>- Types of pain experienced by the individual e.g. physical (neuropathic, intractable, other), emotional, existential or spiritual</li> <li>- Types of pain treatments or healing modalities effective for this individual's pain</li> </ul>	<ul style="list-style-type: none"> <li>- The nurse's knowledge of types of pain and possible treatments.</li> </ul>

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**Wilber's Integral Theory and Dossey's Theory of Integral Nursing: An Examination of Two Integral Approaches in Nursing Scholarship**

**Abstract**

The purpose of this paper is to examine Dossey's Theory of Integral Nursing in relation to its major theoretical source, Wilber's Integral Theory. Although several nursing scholars have written about Integral Theory in relation to nursing scholarship and practice, Dossey's Theory of Integral Nursing may be influencing how nurses take up Integral Theory in a significant way due to an extensive outreach in the Holistic Nursing community. Despite this wide circulation, the Theory of Integral Nursing has yet to be reviewed in the nursing literature. This paper (a) compares Dossey's Theory of Integral Nursing with Wilber's Integral Theory, and (b) contrasts Dossey's integral approach with another integral approach used by other scholars of Integral Theory.

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## Introduction

In recent years, Ken Wilber's Integral Theory has been emerging as a focus of academic scholarship in nursing and other fields. In Nursing, Integral Theory is garnering attention most notably among nurses interested in integrating unitary-caring perspectives, complementary and alternative therapies, and holistic nursing philosophies and practices with allopathic health care and in nursing education (Clark 2006, 2012, 2013; Clark and Pelicci, 2011; Dossey, 2008, 2013; Fiandt, Forman, Erickson Megal, Pakieser, and Burge 2003; Jarrin 2007, 2012; Watson 2005). In her Theory of Integral Nursing, Dossey (2008, 2013) has created an adaptation of Wilber's Integral Theory that encompasses these nursing interests, and enhances the concept of Holistic Nursing, which has the aim of healing the whole person. In the Theory of Integral Nursing, Wilber's four quadrant model is adapted to promote a vision of Integral Nursing that encompasses the nurse's own healing and evolutionary development toward transpersonal levels, and progresses toward health of the entire world. A vision of global health emerges, through the collective action of nurses practicing Integral Nursing, in which healing is understood and enacted integrally at multiple levels.

The Theory of Integral Nursing has been published in *Holistic Nursing: A Handbook for Practice* (Dossey & Keegan, 2013), a publication endorsed by the American Holistic Nurses Association, which supports certification in the practice specialty of Holistic Nursing through the American Holistic Nurses Credentialing Corporation (AHNCC). Despite the broad exposure of the Theory of Integral Nursing in the Holistic Nursing community, the Theory of Integral Nursing has yet to be reviewed in the Nursing literature.

The purposes of this paper are to: 1) Compare Dossey's Theory of Integral Nursing with its major theoretical source, Integral Theory; and 2) identify how Dossey's incorporation of elements of Integral Theory into her grand theory contrasts with an approach used by other scholars of Integral Theory who promote Integral Theory as a metatheoretical framework (Esbjorn-Hargens, 2009).

### **Introduction of Integral Theory and the Theory of Integral Nursing**

#### **Introduction of Integral Theory as a Metatheory**

*Integral*: The word means to integrate, to bring together, to join, to link, to embrace. Not in the sense of uniformity, and not in the sense of ironing out all the wonderful differences, colors, zigs and zags of a rainbow-hued humanity, but in the sense of unity-in-diversity, shared commonalities, along with our wonderful differences. And not just in humanity, but in the Kosmos at large: finding a more comprehensive view – a Theory of Everything (T.O.E.) – that makes legitimate room for art, morals, science, and religion, and doesn't merely attempt to reduce all of them to one's favorite slice of the Kosmic pie. (Wilber 2001)

Ken Wilber's (2001, 2006) Integral Theory provides a framework comprising an all-inclusive, comprehensive map within which all human knowledge may be organized. Integral Theory is recognized for its four-quadrant perspective, which simultaneously represents the interior and exterior dimensions and perspectives, of the individual and the collective. The four quadrants are simultaneously ever-present in each moment, with each providing a unique way of viewing and experiencing the world. These four quadrants represent only one component of Integral Theory, which are embedded in a more comprehensive metatheoretical framework, called AQAL. AQAL is an acronym for *all*

*quadrants, all levels*, which in turn, is shorthand for *all quadrants, all levels, all lines, all states, all types* (Wilber, 2006). Together, these five components comprise the AQAL framework, which is described later in this paper. Wilber (2001) created AQAL through an extensive cross-disciplinary synthesis of growth hierarchies that patterned into four distinct, yet related quadrants (levels implied). These leveled quadrants convey different ontological and epistemological assumptions about the nature of reality and how we come to “know” when we view the world from different quadrants and from different levels among the quadrants.

The AQAL components are systematically arranged in relation to each other in such a way that all philosophical and theoretical knowledge known to humanity, or to a particular discipline such as nursing, can be organized within the AQAL framework. For this reason, AQAL is considered a metatheory – a theory of theories that can incorporate many perspectives at once. As a theory of theories or lens of lenses, Ken Wilber’s Integral Theory comprises a multidimensional “meta-framework” or map for organizing historical, contemporary and emerging philosophies, theories, methodologies, and world-views in relation to each other, in a manner that reveals interconnections that might not otherwise be obvious. Organizing nursing scholarship generated from multiple theoretical and philosophical perspectives, within AQAL’s framework potentially offers “a way of linking, leveraging, correlating, and aligning these perspectives” (Esbjorn-Hargens, 2009, p. 1) for consideration by nurses when addressing complex issues of nursing concern, from individual to global levels.

## **Introduction of the Theory of Integral Nursing**

Dossey (2013), the creator of the Theory of Integral Nursing, describes Wilber's work as the Integral foundation of her theory. A Nightingale scholar, Dossey has proposed that Nightingale was an integralist and offers Nightingale's work as the philosophical foundation of her theory.

Dossey articulates 3 intentions or aims of her theory for nursing, which include the following:

- (1) To embrace the unitary whole person and the complexity of the nursing profession and health care.
- (2) To explore the direct application of an integral process and integral worldview that includes four perspectives of realities – the individual interior and exterior and the collective interior and exterior; and
- (3) To expand nurses' capacities as twenty-first century Nightingales, health diplomats, and integral health coaches who coach for integral health – locally and globally. (Dossey, 2013, p. 25)

The creation of the Theory of Integral Nursing is consistent with Dossey's (2013) career trajectory as a leader in the field of holistic nursing. Her personal journey leading to the development of the Theory of Integral Nursing began in the 1960s as a critical care nurse, incorporating healing modalities such as guided imagery into her nursing practice with patients experiencing pain. In 1981, Dossey was a founding member of the American Holistic Nurses Association, which succeeded in having holistic nursing recognized by the American Nurses Association as a practice specialty in 2006. A co-editor of all six editions of the *Holistic Nursing: A Handbook for Practice* (Dossey &

Keegan, 2013), the Theory of Integral Nursing has been published in the past two editions in the first chapter (2009; 2013), which provides a broader context for understanding and interpreting this theory in a couple of ways. First, this context presents Integral Nursing as something broader and more inclusive than Holistic Nursing, which focuses on healing the whole person. Second, it inspires a vision for the holistically inclined nurse to integrate complementary, alternative, and integrative modalities that potentiate and promote healing, into all areas of nursing practice from the individual to the global level, which is consistent with the Theory of Integral Nursing. Third, it challenges nurses to contribute to the articulation of nursing's unique contribution in arenas of health and healing, so that nursing's voice may be heard in conversations among traditional and nontraditional health practitioners interested in transforming health care through the integration of healing knowledge and practices.

### **An Overview of Integral Theory and a Theory of Integral Nursing**

#### **Integral Theory's AQAL Framework**

The AQAL framework is comprised of 5 components: quadrants, levels, lines, states, and types. The four *quadrants* of AQAL each represent different dimensions of reality or aspects of human experience that are ever-present in each moment (Wilber, 2006). The four quadrants appear as a 2x2 table with right hand quadrants representing the objective, exterior realm; left hand quadrants representing the subjective and intersubjective interior realms; upper quadrants representing the individual, and lower quadrants the collective. The left upper quadrant or LUQ ("I"), addresses the individual's first-person subjective realm ("I"), aesthetics, and consciousness. The lower left quadrant (LLQ) captures second-person, intersubjective realm ("We"), including shared culture

and values within a particular culture or subculture (Wilber, 2001). The upper (“It”) and lower (“Its”) right hand quadrants address the third person objective realms of the individual and collective. For example, the right upper quadrant (RUQ) includes the individual’s anatomy, physiology, behavior, while the right lower quadrant (RLQ) includes social and political systems and structures, such as organizational and governmental policies influencing the structure and delivery of health care.

The four quadrants can be used to view phenomena in two co-existing ways: the quadratic approach and the quadrivia approach (Esbjorn-Hargens, 2009). The quadratic approach captures the *dimensions* of reality as directly accessed through experience and perceived through embodied awareness in each moment. This is our felt-sense experience and requires self-reflection and self-awareness. The quadrivia approach captures the complexity of four different *perspectives* or ways in which human beings view and understand reality or phenomena. This approach invites the use of AQAL as a comprehensive map for viewing complex situations from a third person perspective. A key aspect of both approaches is the interconnection of these four dimensions or perspectives in all moments and situations (Esbjorn-Hargens; Wilber, 2006).

*Levels* are ever-present within the four quadrants and represent stages or waves of development through which individuals, groups, and systems progress (Wilber, 2000, 2001, 2006). Within all four quadrants, progression through levels represents movement toward broader, more inclusive, more complex capacities or worldviews. Individual *lines*, or streams of development, such as cognitive, moral, aesthetic, empathic, kinesthetic and others, unfold in a similar manner as levels. However, individual lines

develop at their own pace, such that the overall development of various lines can be relatively even or uneven (Wilber, 2001).

*States* are “temporary occurrences of aspects of reality” (Esbjorn-Hargens, 2009, p. 13) and occur in all four quadrants. For example, there are states of consciousness (LUQ), hormonal states (RUQ), shared emotional states among groups of people (LLQ), or political or economic states (RLQ). An individual’s interior state of consciousness, may be naturally occurring, (for example, awake, or dreaming), or altered (such as drug-induced, meditative, or the peak experience of a runner’s “high”). With practice and training, meditative states can be developed and stabilized into “state-stages”, which represent developmental progression or a greater depth of interior development. This inner development through state-stages has been mapped, for example, by spiritual mystics from a variety of religious traditions (Wilber, 2000), pointing to much of humanity’s untapped ability in this area. *Types*, the final component of AQAL, provide another way of understanding the unique capacities of human beings, as well as contexts where the expression of those unique capacities might flow most naturally. For example, the Myers Briggs Type Indicator may identify an individual’s natural capacities, as well as contexts where those capacities might be expressed in a way that is personally meaningful, and externally useful, regardless of what those capacities are.

Interested readers unfamiliar with Integral Theory are encouraged to explore Ken Wilber’s (1995, 1998, 2000, 2001, 2006) extensive writings on Integral Theory for primary resources on the theory, and to access the Integral Research Center website ([www.integralresearchcenter.com](http://www.integralresearchcenter.com)) for an introductory article that provides an overview of Integral Theory (Esbjorn-Hargens, 2009).

## **The Theory of Integral Nursing**

Dossey (2013) describes her theory in terms of content (and structure), context and process. There are five content components of the Theory of Integral Nursing including: (1) healing; (2) the metaparadigm of nursing (nurse, persons, health, environment); (3) six patterns of knowing (personal, empirical, aesthetic, ethical, not knowing, and sociopolitical); (4) four quadrants adapted from Wilber's Integral Theory; and (5) AQAL (all quadrants, all levels, all lines, all states, and all types) adapted from Wilber's Integral Theory. The incorporation of the four quadrants into the Theory of Integral Nursing is meant to provide a more comprehensive understanding of *healing* the core component of the theory (Dossey).

The four quadrants also encompass the metaparadigm concepts and six patterns of knowing to indicate their influence on healing. AQAL's levels within the Theory of Integral Nursing represent increased complexity of development in all quadrants, from "me", to "us", to "all of us". Consistent with Integral Theory (Wilber, 2001), levels are described such that advancing levels include previous levels within them, while also adding something new. Levels are also described quadrant by quadrant, with particular emphasis placed on the upper quadrants, indicating how higher states of consciousness in the LUQ are housed in gross, subtle and causal bodies in the RUQ. This emphasis on levels and states is linked to the Theory of Integral Nursing's core concept of healing at a causal level through nonlocal consciousness. Although all 5 components of Integral Theory's AQAL (all quadrants, all levels, all lines, all states, all types) are mentioned as ways to provide a more complex understanding of the quadrants, primary emphasis is placed on quadrants, levels and states of consciousness as they relate to healing.

The context and process of the theory are also described. The context of the theory, which includes the nature of nursing, as well as the environment within which the enactment of nursing practice happens, focuses on developing the nurse as an “integralist” (Dossey, 2013, p. 35). The nurse as integralist is one who seeks to become integrally informed, to further expand one’s integral worldview, and to enact integral processes through participation in integral life practices. The context of the theory also focuses on the “nurse healer”, an instrument of healing and a key part of external healing environment of others on physical, psychological, spiritual and field levels. Concept definitions within the Theory of Integral Nursing that include the word integral, imply that use of the term “integral” within this theory is synonymous with a four-quadrant perspective. To illustrate, the terms integral process, integral worldview, and integral dialogues emphasize organizing phenomena, examining assumptions, beliefs and values, or exploring ideas or possibilities from the four quadrant perspectives. Similarly, an integral healing process incorporates an “understanding of the unitary whole person interacting in mutual process with the environment” (p. 37). From a four-quadrant perspective, this is described as inner and outer process of both the nurse and those interacting with the nurse, as well as the inner and outer collective environments within which these interactions occur.

Integral nursing principles, based on the four quadrants (LUQ “I”, LLQ “We”, RUQ “It”, and RLQ “Its”), offer further guidance to the integrally informed nurse for deeper reflection and action. Levels within quadrants are explicitly or implicitly incorporated into the principles, for example, emphasizing self-development or more conscious awareness in the LUQ or “I” quadrant through a variety of self-reflection,

mindfulness, shadow work, and inner awareness practices, in order to cultivate the capacity for mindful presence with another. This open-hearted quality of presence is associated with subtle and causal body (RUQ or “It”) field phenomena and transpersonal exchanges with others (LLQ or “We”) that involve AQAL’s states. Levels are also expressed in the shift of focus from local to global, emphasizing holons or whole-parts i.e. individuals are part of families, which are part of communities, which are part of countries which are part of our global community and beyond. Each part is whole in and of itself, but is also part of something greater.

Identified as a grand theory, the Theory of Integral Nursing is also identified by Dossey (2013) as something other than a freestanding theory, in that it incorporates a wide range of concepts and philosophies from within and beyond nursing. For example, the theory is intended to incorporate existing theoretical knowledge in nursing, as well as caring scholarship from nursing and non-nursing sources (Dossey). In addition, Dossey (2013) states that the Theory of Integral Nursing “incorporates concepts and philosophies from various paradigms including holism, multidimensionality, integral, chaos, spiral dynamics, complexity systems, and many others” (p. 23). It is relevant to note that these latter concepts are also identified in Wilber’s (2001) book, *A Theory of Everything: An Integral Vision for Business, Politics, Science and Spirituality*. For example, chaos and complexity theories are mentioned in Wilber’s (2001) introduction, and spiral dynamics is used as a significant example of levels within AQAL. In addition, Integral Theory is presented in this same book as a visionary map capable of including “matter, body, mind, soul, and spirit as they appear in self, culture, and nature” (Wilber, 2001, xii). It is implied that the Theory of Integral Nursing is intended to include theoretical and

philosophical knowledge incorporated by Wilber in the development of Integral Theory. However, the manner in which the Theory of Integral Nursing incorporates this knowledge is implicit, rather than explicit.

### **Contrasting Integral Theory and the Theory of Integral Nursing: Different Approaches to “Integral”**

Dossey’s incorporation of elements of Integral Theory into her grand theory contrasts with an approach used by other scholars of Integral Theory who promote Integral Theory as a metatheoretical framework for embracing and integrating pluralism within, or among, disciplines (Esbjorn-Hargens, 2009). These two different approaches will be examined, identifying contributions of the Theory of Integral Nursing while also proposing the explicit use of Integral Theory as an organizing framework for diverse nursing knowledge representing distinct, yet valid worldviews.

As a theory of theories or lens of lenses, Integral Theory offers a way for nurses to organize nursing knowledge generated from multiple perspectives in relation to each other to view nursing knowledge as a complex whole. Integral Theory’s four quadrant perspective invites nurses to “see” and move among multiple perspectives in an objective way, while also encouraging the nurse’s conscious awareness of her or his own subjective experience. As a metatheory, an integral application of Integral Theory provides the possibility of considering nursing knowledge generated from multiple perspectives, as well as one’s own felt-sense experiences, while responding to complex nursing situations and unique experiences of individuals receiving nursing care.

The Theory of Integral Nursing offers something different than this metatheoretical perspective. The following points will be explored: (i) the structure of

the Theory of Integral Nursing as a grand theory; (ii) Integral Theory and examination of multiple concepts and multiple perspectives; and (iii) implications of these different approaches for nursing.

### **The Structure of the Theory of Integral Nursing: Grand Theory**

The structure of the Theory of Integral Nursing as a grand theory is such that Integral Theory's quadrants and AQAL are identified as two separate content components that are given equal weight to other content components in the Theory of Integral Nursing, namely, ways of knowing, healing, and nursing's metaparadigm concepts. By inserting Integral Theory's quadrants and AQAL in this way, the Theory of Integral Nursing gives Integral Theory's four quadrants and AQAL the same level of abstraction as nursing's metaparadigm concepts, as well as the concepts of healing and patterns of knowing. Thus, the Theory of Integral Nursing places AQAL and the four quadrants as additional content components that can provide a way of viewing the other concepts within this theory. By implication, concepts from other nursing and non-nursing perspectives that are not addressed in the Theory of Integral Nursing could potentially be overlooked.

The implications for nursing are that the Theory of Integral Nursing has offered holistic nurses a creative and innovative way to step into an integral worldview (Dossey, 2013) and has assisted many to think broadly from a 4-quadrant perspective. The emphasis for many holistic nurses is likely the LUQ as the notions of reflective practice, personal growth and continued development has been a pillar of holistic nursing principles since the specialty was first described. In addition, placing an integral perspective and the four quadrants into a nursing theory provides a framework for how to

place such beliefs into one's professional world and also helps to give voice and clarity to the principles. For example, self care of the nurse, a LUQ issue, is a central philosophical principle of holistic nursing practice that is encompassed in all holistic nursing practice standards (Mariano, 2013). A four-quadrant perspective highlights the interior world of the nurse as a critical influence (one quarter of the picture) in holistic nursing practice in a way that is difficult to ignore. A challenge here is that an integral perspective as defined by Wilber and others is more than a concept – it encompasses the integration of diversity and complexity within any field of study in a manner that allows for the expression and consideration of multiple viewpoints to address issues of concern (Wilber, 2006). For nursing, placing an integral perspective within one theory could limit Integral Theory's potential to bring together, within its multi-perspective framework, a variety of distinct, yet valid perspectives within nursing scholarship, in an interrelated way.

### **Integral Theory as an Organizing Framework for Multiple Perspectives in Nursing Scholarship**

There are many grand theories within nursing, which together, present multiple ways of understanding abstract ideas of nursing, each from a particular perspective (Parker & Smith, 2010). To illustrate, Orem's Self Care Theory might offer a nurse guidance in discharge teaching in relation to an individual's physical care, while Newman's Health as Expanding Consciousness draws attention to the potential for transformative change that can occur with a nurse's transforming presence, when that same individual experiences the uncertainty and disruption of a health challenge requiring discharge teaching in relation to their physical care. Each of these grand theories highlights different, yet complementary perspectives that allow for a more

holistic grasp of complex patient care contexts that could potentially lead to more thoughtful nursing action. Although it is arguable that nursing theories do not necessarily map exclusively into any one quadrant, it has been suggested in the nursing literature that many nursing theories point predominantly to one quadrant (Baye, 2005; Jarrin, 2007), illustrating the many perspectives from which nursing situations may be considered.

For example, situating Orem's theory within the Right Upper Quadrant (RUQ) draws attention to physical aspects of caring for individuals, while Newman's Theory draws attention to interior aspects and experiences (LUQ) of the individual requiring nursing care, including the developmental potential (captured by Integral Theory's levels) for expanding consciousness when individuals experience disruption in their lives. Both theoretical perspectives are central to nursing care of the individual and are interconnected, yet neither provides a complete picture of the individual requiring nursing care, the nurse's experience providing care, or social, cultural, organizational or political factors influencing the caring context (left and right lower quadrants). Considering both theories in relation to each other within the AQAL framework draws attention to particular nuances offered by both theories in patient care experiences, while also highlighting perspectives in nursing that map onto other areas of AQAL, that could potentially be overlooked in complex patient care contexts.

Specific concepts within the Theory of Integral Nursing, for example, ways of knowing, could also be examined within Integral Theory as a metatheory. To illustrate, one area of AQAL that seems ripe for exploration in relation to nursing's patterns of knowing are the lines of development. Despite numerous lines of development that influence our different dimensions of knowing (for example, moral line and ethical

knowing, or aesthetic line and aesthetic knowing), discussion of lines of development in relation to ways of knowing is just beginning in the nursing literature (Shea & Frisch, 2014). In the psychology literature, Foster and Black (2007) examined counseling ethics from a four quadrant perspective, pointing out that an individual's moral line of development will influence moral reasoning in clinical practice. Furthermore, they pointed out that an individual practitioner's moral development was more indicative of their moral action than one's professional code of ethics, an issue of relevance in nursing.

Within the field of nursing ethics, similar attention is being paid to historical, personal, cultural and sociopolitical contexts of health care delivery at various levels (Rodney, Burgess, Pauly, & Phillips, 2013). This points to the complexity of ethical knowing in nursing, highlighting nursing scholarship in the lower collective quadrants as well as personal factors influencing nurses' moral agency. In terms of sociopolitical knowing, contemporary nursing scholarship with critical emancipatory aims is now well established in examining lower quadrant social, cultural, and political structures and power dynamics that perpetuate health inequities and social injustices among some members of society (Kagan, Smith, & Chinn, 2014).

Increasingly, nurse scholars are intentionally bridging and linking different philosophical and theoretical viewpoints, mining various intersections among critical frameworks and nursing science for fresh insights into complex nursing issues (Kagan, Smith, & Chinn, 2014). Integral Theory provides a ready-made, organizing framework for considering these many theoretical or philosophical perspectives in nursing all at once. Nurses could then consider the contribution of different nursing viewpoints for

addressing complex issues of concern to nurses without placing boundaries on what can or cannot be considered.

### **The Theory of Integral Nursing or Integral Theory as a Metatheory:**

#### **Different Yet Complementary Views of Integral Nursing**

Through the dissemination of the Theory of Integral Nursing in the holistic nursing community, Dossey has been instrumental in introducing integral language into nursing scholarship; and inviting nurses to “step into” all four quadrants in order to consider situations in nursing practice, as well as their personal experiences of those situations in new ways. While the term “integral” within the Theory of Integral Nursing is equated with a four-quadrant perspective that encompasses levels (Dossey, 2009, 2013), scholars of Integral Theory outside of nursing are taking up the term “integral” in a different way; that is, from a metatheoretical perspective that demands attention to all aspects of AQAL (Esbjorn-Hargens, 2009; Fall, Miner-Holden, & Marquis, 2004; Ingersoll & Cook-Greuter, 2007; Marquis & Wilber, 2008). Within both approaches, the four quadrants may be encouraging nurses to consider the usefulness of perspectives outside of our habitual ways of seeing and knowing the world of nursing.

Organizing nursing’s disciplinary knowledge within Integral Theory’s AQAL framework may offer a more inclusive grasp of the breadth and depth of nursing’s unique knowledge base, as well as encourage members of our discipline and profession to consider our cherished and most drawn-upon nursing perspectives in relation to perspectives that may be less well known or ever marginalized (Esbjorn-Hargens, 2009; Marquis & Wilber, 2008). In doing so, multiple, diverse, and even seemingly contradictory disciplinary perspectives, such as fundamentally different assumptions

underlying curing and healing perspectives, may be considered in relation to each other, allowing for more inclusiveness of potential nursing approaches in unique nursing care contexts. In this way, Integral theory is consistent with one of the purposes of the Theory of Integral Nursing, which is to articulate nursing's unique contribution in the arena of healing (Dossey, 2013). As a metatheoretical framework, Integral Theory provides an explicit way to bring forward nursing's contributions to individual, community-based, and system/organization levels of work, in conversation with traditional and nontraditional health practitioners.

Within nursing, scholars of Integral Theory are beginning to map select areas of nursing scholarship within Integral Theory's AQAL framework, focusing primarily on the quadrants and, to a lesser extent, levels. To date, most work by nursing scholars of Integral Theory has been done in the area of holistic nursing and unitary caring perspectives (Dossey, 2008, 2013; Jarrin, 2007, 2012; Watson, 2005). For example, caring science (Watson, 2005) and unitary-caring perspectives (Jarrin, 2007, 2012) have been examined within part or all, of AQAL, representing a nursing application of Integral Theory from a particular perspective within nursing scholarship, specifically, a unitary-caring perspective. In nursing education, both Integral Theory (Clark, 2006, 2013; Clark & Pelicci, 2011) and the Theory of Integral Nursing (Barrere, 2009; Hess as cited in Dossey, 2013; Northern New Mexico College, 2014) have been used as frameworks for curriculum development. This is a relatively recent event and, as yet, there have been no published evaluations of these educational programs. However, applications within nursing education point to the utility of both Integral Theory and the Theory of Integral

Nursing in allowing nurse educators to guide students to consider and move among multiple and diverse perspectives through the four quadrants (Clark, 2006).

Within academic circles, psychology is one discipline leading the way exploring the metatheoretical potential of Integral Theory in scholarship and practice. In the field of integral psychology, Wilber's full-spectrum model is being applied as a meta-theoretical framework that organizes diverse and seemingly contradictory psychological theories and their associated interventions in a manner that illuminates connections among them for therapists in practice (Cook-Greuter & Soulen, 2007; Fall, Miner-Holden & Marquis, 2004; Ingersoll & Cook-Greuter, 2007; Marquis, 2007; Marquis & Warren, 2004; Marquis & Wilber, 2008; Pearson, 2007). While much of the psychology literature on Integral Theory centers on the spectrum of development as entry into the AQAL matrix, other authors foreground the quadrants (Foster and Arvay, 2003; Foster & Black, 2007; Ingersoll, 2002). What the psychology literature offers that nursing scholars may choose to ponder is the possible benefits of considering nursing scholarship within the context of AQAL as a whole.

In conclusion, the dissemination of the Theory of Integral Nursing within the Holistic Nursing community has been instrumental in introducing Integral Theory, as well as an integral perspective into nursing scholarship and practice. While several nursing scholars have written about Integral Theory, Dossey's Theory of Integral Nursing may be influencing how nurses take up Integral Theory in a significant way due to its distribution in the Holistic Nursing community. In this paper, we have contrasted the integral approach presented in Dossey's Theory of Integral Nursing with another integral approach, where Integral Theory's AQAL is used as an organizing framework for nursing

scholarship. These ideas are presented to stimulate reflection and dialogue in the nursing community on the emerging possibilities for nursing and health care that both of these approaches inspire.

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**Chapter 4:****Nursing Perspectives on the Usefulness of Integral Theory in Nursing  
Practice and Education: A Report on Research Findings from an Interpretive  
Descriptive Study**

### **Abstract**

In recent years, Ken Wilber's Integral Theory has been an emerging focus of academic scholarship in nursing. Despite this growing interest, little is known about how Integral Theory is being used by nurses in direct practice. The purpose of this study was to provide a practice-based perspective on Integral Theory in professional nursing practice. The following research question was investigated: How does Integral Theory assist nurses in describing and understanding their professional work?

Nurses who participated in this study used Integral Theory as a map or heuristic that gave structure to an inquiry process in professional nursing practice and in nursing education, in a manner that was holonic, multi-perspectival, and self-reflective. Detractors constraining nurses' use of Integral Theory included i) Integral Theory's nascence in nursing, ii) contextual factors in nursing practice environments, iii) superficial use at the level of the individual nurse and iv) the nature of Integral Theory itself.

## Introduction

The emergence of nursing as a practice discipline with a unique body of knowledge has been fraught with tensions. Since the 1950s, when the development of a unique body of knowledge for the discipline of nursing became a priority (Gortner, 1983; Watson, 1981), nurses have grappled with the utility and limits of various scientific and philosophical perspectives in articulating nurses' work in a manner that is useful to practitioners and understandable to those outside the discipline.

Early nursing scholarship, based on a "received view" view of science (Silva & Rothbart, 1984), pushed the discipline to identify its unique domain of focus, and Fawcett's (1984) metaparadigm of nursing, person, environment and health became an organizing force in the early nursing theory development movement. As the limits of a strictly empirical approach to knowledge generation became apparent, nursing scholarship expanded beyond a received view of science as product to a historicist view of science as process (Silva & Rothbart), acknowledging other ways of knowing (Carper, 1978; Munhall, 1993; White, 1995) and ontological ways of being (Silva, Sorrell, & Sorrell, 1995) that nurses enact in their practice. Thus emerged the use of interpretive methodologies, critical perspectives, as well as philosophical inquiry in nursing scholarship (Rodgers, 2005). These shifts in nursing scholarship were paralleled in other disciplines as the evolution in the philosophy of science, and the emergence of postmodernism challenged ultimate truth claims based on grand narratives, including any particular theoretical or philosophical perspective in nursing (Rodgers).

Yet, tension has persisted in nursing between knowledge generation and application of that knowledge in nursing practice in context-specific situations requiring

response to the unique needs of individuals (Thorne, 2008). This tension prevails in an uneasy relationship between nursing theory and nursing practice that has persisted in nursing, leaving unresolved the question of whether nursing practice is guided by nursing theory.

Against this historical background, current trends related to the development and use of nursing theory as a specific form of nursing knowledge are shifting, with a greater emphasis on middle range theories (Parker & Smith, 2010). In addition, the inclusion of nursing theories in undergraduate and graduate curricula has been in decline, albeit amidst some discomfort regarding nursing's ability to clearly define its disciplinary focus and mandate without nursing theory (Parker & Smith). Yet, dialogue on nursing's disciplinary focus and mandate has expanded beyond Fawcett's metaparadigm to include the centrality of caring and relationships in nursing (Newman, Smith, Pharris, & Jones, 2008; Smith & Parker), as well as social justice as praxis (Anderson, 2014) and emancipatory nursing (Kagan, Smith, & Chinn, 2014). Furthermore, acceptance of nursing as a moral practice requires the integration of scientific evidence with philosophical inquiry into values of moral good, while recognizing that philosophies guiding nursing scholarship on moral issues are not uniform in their ontological understanding about the nature of the world (Pesut & Johnson, 2014). As yet, integrating this complex array of perspectives toward pragmatic ends remains a challenge for nursing. The supposition, leading to the research study presented in this paper, was that Integral Theory offers the possibility of achieving this integration, however, little is known about how Integral Theory is being taken up in nursing. The purpose of this research was to provide a practice-based perspective of Integral Theory in nursing by

investigating the research question: How does Integral Theory assist nurses in describing and understanding their professional work?

### **Background**

Ken Wilber's (2001) Integral Theory is a metatheory that provides an organizing framework within which diverse theories and philosophies within and among disciplines may be arranged (Esbjorn-Hargens, 2009). This systematic and unified arrangement allows for a panoramic and interrelated view of the multiple lenses through which complex disciplinary and professional situations may be considered and their respective contributions leveraged toward pragmatic ends (Esbjorn-Hargens). The organizing framework of Integral Theory is known as AQAL, which is an acronym for "all quadrants, all levels". AQAL in turn, is short-hand for the framework's five components: "all quadrants, all levels, all lines, all states, and all types".

Integral Theory's four quadrants emerged out of a cross-disciplinary synthesis of naturally occurring growth hierarchies, or holarchies (Wilber, 1995, 2000b, 2001), which clustered into four distinct, simultaneously occurring ways of viewing and perceiving the world: the interior and exterior of the individual and collective. Levels are holarchical, consisting of "whole/parts" or holons, where each holon is itself a whole, while also being part of a greater whole (Wilber, 1995). Levels are inherent in the quadrants, with lines, states, and types integrated and simultaneously present. Wilber's prolific writings on Integral Theory offer further detail of this metatheory (for example, Wilber 1995, 1998, 2000a, 2000b, 2001, 2006). Nursing scholarship on Integral Theory also provides concise summaries of Integral Theory's AQAL (Clark, 2006, 2012; Dossey, 2013; Jarrin, 2006; Fiandt, Forman, Erickson, Pakieser, & Burge, 2003; Shea & Frisch, 2014).

## Review of Literature

Practice-based scholarship using Integral Theory is most prolific in the field of psychology. Scholars of integral psychology have identified three significant contributions of Integral Theory to integral counseling and psychotherapy: the all-quadrant, all level perspective; the spectrum of development, with associated defenses, pathologies, and treatments; and the emphasis on both the clients' and counselors' commitment to self-development through integral transformative practices (Fall, Miner-Holden & Marquis, 2004; Marquis, 2007; Marquis & Wilber, 2008; Marquis & Warren, 2004). Wilber's Integral Theory is offered as a meta-theoretical framework that organizes diverse psychological theories and their associated interventions in a manner that illuminates connections among them for therapists in practice (Cook-Greuter & Soulen, 2007; Fall, Miner-Holden & Marquis, 2004; Ingersoll & Cook-Greuter, 2007; Marquis, 2007; Marquis & Miner Holden, 2008; Marquis & Warren, 2004; Marquis & Wilber, 2008; Miner Holden, 2004; Pearson, 2007).

Specific guidance has been offered for applying aspects of the AQAL matrix to the following clinical issues: How the self navigates through levels (Fall et al., 2004; Ingersoll & Cook-Greuter, 2007; Cook-Greuter & Soulen, 2007; Marquis, 2007; Miner Holden, 2004; Pearson, 2007); the utility of quadrants, in combination with levels, to assess horizontal development and defenses (Fall et al., 2004; Miner Holden, 2004; Pearson, 2007); consideration of lines, states, state-stages, and defenses in understanding spiritual development across the developmental spectrum (Ingersoll and Bauer, 2004; Marquis, Miner Holden, and Warren, 2001; Marquis and Warren, 2004); group therapy (Black and Westwood, 2004), and research examining an intake assessment instrument

based on Integral Theory (Marquis & Miner Holden, 2008). Quadrant applications have also included an emphasis on different ways of knowing for therapists (Marquis, 2007) illustrating epistemic privilege and partial truths of each quadrant (Foster & Arvay, 2003); client assessment and diagnosis (Miner-Holden, 2004); professional ethics (Foster & Black, 2007), and holistic assessment beyond the right upper quadrant focus of DSM (Ingersoll, 2002).

Interest in Integral Theory within nursing scholarship has been most prominent in the following substantive areas: holistic nursing philosophies and practices; unitary-caring perspectives; complementary and alternative therapies; and in nursing education (Barrere, 2011; Clark, 2006, 2012, 2013; Clark & Pelicci, 2011; Dossey, 2008, 2009; Fiandt, Forman, Erickson Megel, Pakiester, & Burge, 2003; Gray, 2004; Jarrin, 2007, 2012; Quinn, Smith, Ritenbaugh, Swanson, and Watson, 2003; Watson, 2002).

While there is growing interest in Integral Theory in the holistic nursing community, there has also been a tendency in nursing scholarship to take up Integral Theory in ways that have departed from the metatheoretical approach used by some scholars of Integral Theory outside of nursing. For instance, applications of Integral Theory developed by Dossey (2008, 2013), Jarrin (2007, 2012), and Watson (2005) have approached nursing concerns from a particular vantage point, specifically, holistic nursing, a unitary-caring perspective, or caring science.

Dossey's (2013) Theory of Integral Nursing, presented as an expanded version of a grand theory, incorporates Integral Theory's four quadrants and other AQAL components alongside nursing's metaparadigm concepts and ways of knowing to enrich understanding of her theory's central concept of healing. The Theory of Integral Nursing,

with its emphasis on Wilber's four quadrant perspective, has been widely disseminated in the holistic nursing community through its inclusion in the American Holistic Nurses Association endorsed publication, *Holistic Nursing: A Handbook for Practice* (2013). The congruence of Dossey's Theory of Integral Nursing with Wilber's Integral Theory has been discussed elsewhere (Shea & Frisch, in press).

Jarrin's approach to Integral Theory represents one of few occurrences in nursing scholarship where knowledge central to the discipline has been specifically arranged within all five components of Integral Theory's AQAL. Her stated aim was to promote a unifying meta-theory of nursing that could facilitate communication within nursing, with nursing and other professions, and with nursing and the general public. However, her attempt to promote a unifying metatheory has possibly been undermined by the alignment with a unitary-transformative caring perspective in nursing scholarship. Although some nursing scholars would agree that a unitary-transformative caring perspective encompasses the entire discipline, others reject a single unifying philosophy for nursing that is founded on a particular set of beliefs about the world (Pesut, 2010).

In her "integral philosophical inquiry", Jarrin (2012) examined the four metaparadigm concepts from a unitary transformative caring perspective. This inquiry focused on Rogers' concept of integrality or "the continuous interaction of humans and the environment" (Jarrin, 2012, p. 15). "Integral" was equated with unitary, as well as Rogers' concept of integrality, while also ascribing to a holonic view of the human being (Jarrin, 2012). Although Jarrin acknowledged that some unitary scholars consider the unitary human being as indivisible, thereby negating discussion of a person's holonic "parts", this inconsistency was not addressed.

Watson (2005) used Integral Theory as a framework for understanding caring science and philosophy including caring ontology and epistemology; caring as a moral imperative; caring-healing modalities; and a transpersonal understanding of caring-healing moments between nurses and patients involving an energetic field of caring-healing consciousness. Her intent to focus exclusively on caring science and philosophy was explicit. The four quadrants were used to create an Ontological Mandela of Caring Science, with “self” at the center of the four quadrants.

In nursing education, the four quadrants, including levels, have been used as a tool for undergraduate curriculum (Barrere, 2011; Clark, 2006, 2013) and course development (Clark, 2006, 2013; Clark & Pelicci, 2011), integrating holistic nursing theory and practices, and complementary and alternative medicine (CAM) therapies into nursing curricula. Dossey’s Theory of Integral Nursing was also the curriculum framework for one RN to BSN program in the United States (Northern New Mexico College, 2013), and has informed others (Barriere, 2011; University of Maine at Augusta, 2012). The application of Integral Theory in nursing education, raises the question of how practicing nurses who are exposed to Integral Theory in their nursing education, experience its usefulness in their nursing practice, an area as yet unexplored in the nursing literature.

Clinical applications of Integral Theory in nursing practice have included a four quadrant approach to the emergency management of cardiac arrest, emphasizing the importance of left lower quadrant interpersonal communication, and right lower quadrant organizational system structures on team interaction and leadership in the management of cardiac events (Baye, 2005). Integral Theory was also proposed as a practice framework

for targeting HIV-related stigma, in a manner that can guide intervention. Emphasizing a holonic view of the individual in context, a multi-modal approach was proposed, focusing on the individual and collective, as well as the body, mind, and soul (Grey, 2004). Stigma was described as culturally constructed and socially maintained, relating these phenomena to Wilber's lower quadrants; while the manner in which stigma is experienced and how it impacts the immune system was related to the upper quadrants.

In summary, a review of the literature indicated scholarly interest in Integral Theory in nursing among proponents of holistic and unitary-caring nursing theories, philosophies and practices, and holistic nursing education. Practice-based literature in the field of psychology highlighted the use of Integral Theory as a metatheoretical framework for organizing theoretical approaches and interventions in the practice discipline of psychology. However no literature was found examining the influence of Integral Theory on the professional nursing practice of integrally informed nurses. The purpose of this study was to provide a practice-based perspective on Integral Theory in professional nursing practice. The following research question was investigated: How does Integral Theory assist nurses in describing and understanding their professional work?

### **Methodology**

An Interpretive Description (Thorne, 2008; Thorne, Reimer Kirkham, S., & McDonald-Emes, J.1997; Thorne, Reimer Kirkham, S., & O'Flynn-Magee, K., 2004) study design was used to investigate the research question: How does Integral Theory assist nurses in describing and understanding their professional work? Interpretive Description (ID) is an inductive analytic approach designed to generate knowledge for

practice-based disciplines, as presented in Chapter 1. Information on Interpretive Description presented in Chapter 1 is repeated here for clarity. ID was developed by nurse researchers to offer a rigorous, coherent, and defensible research design strategy that is grounded in nursing's epistemological foundations and mandate. ID is philosophically aligned with the underpinnings of naturalistic inquiry, such as the interrelationship between knower and known; the existence of multiple constructed realities; and the subjective and intersubjective nature of human experience (Thorne, Reimer Kirkham, & O'Flynn-Magee, 2004, Thorne, 2008). ID is designed to rigorously grasp patterns and themes in informants' subjective impressions on topics of study, based on their experiential knowledge, with the aim of generating an interpretive description that is applicable in practice. Data collection and analytic strategies are chosen that reveal subjective, experiential accounts of study participants on the topics of study, with the aim of generating an interpretive description that is applicable in practice. At the same time, the design strategies of ID borrow from some of the more established qualitative methodological traditions, lending rigor to the method. For example, in this study constant comparative analysis is borrowed from Grounded Theory, yet open-coding, where data are fractured down to a word-by-word level, is not (Strauss & Corbin, 1990). In this study, constant comparative analysis is applied with the intent to generate knowledge that can be applied in clinical practice, rather than theory-building, which is the aim of Grounded Theory (Thorne, 2008).

### **History of Interpretive Description**

Interpretive description was developed in response to an historical trend in nursing scholarship to use established methodological approaches designed for

knowledge development in other disciplines, most notably, phenomenology (philosophy), grounded theory (sociology), and ethnography (anthropology). The methodological principles underpinning these, and other, approaches were designed to meet the disciplinary objectives of their respective disciplines and have not always been found suitable for generating knowledge with practical clinical application (Thorne, 1991; Sandelowski, 2000, Thorne, 2008; Thorne, et al., 1997; Thorne, et al., 2004).

For early nurse researchers pioneering interpretive methodologies in an academic climate valuing traditional empirical (ie. quantitative) approaches, these borrowed methodologies lent “epistemological credibility” (Thorne et al., 1997) to qualitative research endeavors in nursing. At the same time, use of these established qualitative methodologies allowed early qualitative researchers in nursing to distance their work from quantitative description, which generally adhered to the rules and assumptions of traditional empirical science ie. large sample sizes, exclusion of outliers to limit variation, and decontextualization of qualitative data (Thorne et al., 1997; Sandelowski, 2000).

Early qualitative researchers in nursing, were encouraged to adhere to established qualitative approaches and avoid “method slurring” (Baker, Wuest, & Stern, 1992). However, this reluctance to depart from methodologies led to a “tyranny of method” in nursing scholarship (Sandelowski, 2000), where qualitative methodologies developed for theorizing in other disciplines, resulted in nursing research findings of theoretical interest, but with little value for clinical application. The dual concerns of epistemological credibility and practical application lead to methodological variations, both thoughtful and otherwise (Sandelowski, 2000).

For example, while some researchers were naming their research endeavors Grounded Theory, Phenomenology, or as some other established approach, a careful reading of their research often revealed surface reports of qualitative findings that reflected little connection with their stated methodology. Alternatively, studies were also emerging that thoughtfully named methodological approaches and detailed departures from those approaches that aligned with nursing's pragmatic epistemological aims (Sandelowski, 2000; Thorne, et al, 1997; Thorne, 2008). These thoughtful methodological variations led to a growing realization that "there are a number of nurses doing legitimate qualitative research for which there is as yet no name" (Sandelowski, 2000). ID is an approach that provides nurses and others in applied disciplines, with an epistemologically and philosophically grounded design logic for generating knowledge about aggregates that is applicable in individual contexts (Thorne, 2008).

### **Rationale for ID Methodology**

ID is based on the understanding that patterns of complex interactions between biological and psychosocial phenomena comprise human experiences of health and illness; and that these common patterns, which are central to nursing's disciplinary practice knowledge, can be individualized and practically applied by nurses to individual patients in unique contexts (Thorne, 2008; Thorne et al., 1997; Thorne et al., 2004). The aim of this analytic approach is to generate an interpretive description that is applicable in practice.

ID was also chosen for its ability to generate knowledge that is applicable in nursing practice. ID allows the researcher to extract patterns and construct themes based on informants' subjective impressions and experiential knowledge of how Integral

Theory is useful to nurses in describing and understanding their professional work. The intent of identifying these patterns is to derive principles that are credible, yet may be individualized in practice by nurses in unique practice contexts (Thorne, 2008; Thorne et al., 1997; Thorne et al., 2004). The credibility criteria associated with ID methodology are consistent with generally accepted criteria for qualitative research and are addressed later. There are additional criteria associated with this methodology, including “contextual awareness” which draws attention to how disciplinary allegiances, historical contexts, and socially constructed tacit understandings among members of a discipline influence knowledge construction. Given the multiple perspectives contained within Integral Theory’s AQAL framework, the criterion of contextual awareness was useful in directing the researcher to examine personal disciplinary allegiances that may influence data analysis, as well as disciplinary allegiances and perspectives that may or may not be present in the data.

The researcher’s personal disciplinary allegiances were articulated as part of the theoretical scaffolding for this study in Chapter 1, as a way of locating the researcher substantively, theoretically and personally prior to beginning the study. Theoretical and substantive interests informing the researcher’s interest in Integral Theory in nursing included unitary-caring perspectives in nursing, Newman and Watson’s different approaches to consciousness, and the embodiment of these perspectives in nursing practice. In addition, a strong interest in critical self-inquiry associated with critical perspectives aimed at promoting health equity and social justice at collective levels beyond the individual. A third interest included the metatheoretical application of Integral Theory used by psychology. Dissertation committee members with expertise in these

diverse areas of interest were chosen, which served to challenge the researcher's embeddedness in unquestioned disciplinary allegiances and support reflexive awareness and memoing during the data collection and analysis process.

In designing this study, a Qualitative Description (QD) study design was also considered. QD, as described by Sandelowski (2000, 2009), is less interpretive than ID, yet distinguishable from description within quantitative design descriptive studies. In quantitative description, there is less flexibility within study design to explore meaning of the unanticipated. Although both ID and QD involve description and varying degrees of interpretation (and both are consistent with naturalistic inquiry assumptions), ID has a greater emphasis on interpretation (that is more open-ended and of greater depth), while QD focuses more on description within a conceptual or philosophical context or framework (Sandelowski, 2000). Although Integral Theory is a complex metatheory that could be used as an analytic framework for QD, this is not the intent of the study.

Furthermore, a methodology associated with Integral Theory, called Integral Methodological Pluralism (IMP), was also considered and ruled out. IMP is a multi-method approach for conducting "Integral Research" (Esbjörn-Hargens, 2006) that includes 8 methodological families. It was not the intent of this study to use Integral Theory as an analytic framework, or to conduct multi-method Integral Research. Rather, the intent was to uncover common themes capturing the usefulness in how Integral Theory might assist nurses in describing or understanding the complexities of their work in a manner that would be applicable in professional nursing practice.

## Methods

### Recruitment

This study was approved through the University of Victoria's Research Ethics Board. Recruitment focused on a convenience sample of Registered Nurses who self-identified as users of Integral Theory in their professional practice. Based on knowledge that Integral Theory is being taken up by holistic nurses, purposive sampling targeted the following groups: the holistic nursing community through publications and an annual conference the American Holistic Nurses Association, and graduates of RN to BSN undergraduate nursing programs using Wilber's Integral Theory or Dossey's Theory of Integral Nursing in their program's curriculum.

Inclusion criteria targeted nurses who were knowledgeable about Integral Theory, had considered and were interested in discussing Integral Theory in relation to their nursing practice, including the practice of education, and were able to participate in at least one phone interview. Given the dearth of information about how Integral Theory is being used in nursing practice, recruitment focused on nurses who were integrally informed, meaning they have a basic understanding of the four quadrants. This allowed for the inclusion of participants who were introduced to Integral Theory through the Theory of Integral Nursing.

A two-phase sampling strategy was developed to ensure sufficient recruitment of integrally informed nurses in practice who i) met inclusion criteria, and ii) offered in-depth interviews upon which an interpretive description could be based. To prepare for the contingency of recruitment challenges, nursing practice was broadly defined to include the practice of nursing education, and a two-phase sampling strategy was devised.

In phase one, recruitment focused on nurses who were directly involved in clinical nursing practice, including Registered Nurses, Clinical Nurse Specialists, and Nurse Practitioners. Phase two focused on nurse educators whose teaching practice was informed by Integral Theory.

Recruitment began with nurses working directly with patients or clients, and expanded to nurse educators, to enrich the data. Although conducting second interviews with phase one participants was considered, analytic questions arising from the data suggested that the “angle of the experience” offered by nurse educators could verify or refute tentative themes and offer variation within themes (Thorne, 2008).

Recruitment advertisements were posted on the AHNA website, special interest newsletter and at an AHNA annual conference. In addition, third party recruitment letters were sent to directors of Schools of Nursing with curriculum frameworks informed by a four-quadrant perspective, for distribution to program graduates through Alumni newsletters and similar forums. Interested individuals contacted the researcher, and those meeting study inclusion criteria were sent a description of the study and a copy of the consent form for review. Verbal consent was obtained over the phone prior to the collection of demographic information, and a signed hardcopy of the consent was sent to the researcher. Informed consent was obtained from eight eligible participants who had a range of practice experience, including critical care, community, private practice, and nursing education, as well as variation in educational preparation and years in nursing practice (see Table 1).

## **Data Collection and Analysis**

After informed consent was obtained from participants, semi-structured interviews were conducted by phone and were recorded using Audacity, a free, open-source audio-recording computer software program. Interviews were chosen as a data collection strategy to enable the collection of in-depth information from each participant on a focused set of questions, while allowing for probing of responses by the researcher. Semi-structured interviews offered the advantage of generating a greater number of original ideas about the value of Integral Theory in nursing practice, without prematurely limiting perspectives. Third, conducting phone interviews eliminated geography as a recruitment consideration. Although the inability to respond to non-verbal communication was a limitation of phone interviews, in-person interviews were not feasible due to geographic distances and budget constraints.

A two-part interview guide was used (See Appendix A). Part One ascertained participant understanding of the four quadrants and background with Integral Theory. Participants were given six statements and were asked to match the statements to the four quadrants, to ensure that participants met the eligibility criteria of having a basic understanding of the four quadrants. The researcher had the option of ending the interview at the completion of part one if any statements were missed, however all 8 eligible participants completed both parts of the interview. Part Two of the interview guide queried participants' thoughts about and experiences using Integral Theory in their nursing practice including aspects of Integral Theory beyond the four quadrants.

Data collection and analysis were conducted concurrently and data were analyzed using constant comparative analysis. Interviews were compared with each other for

similarities and differences, and potentially meaningful data such as repetitive themes and new ideas, were flagged (Thorne, 2008). Later interviews focused on refining and challenging tentative themes, as well as discerning variation within themes. Analytic strategies and strategic questions were consciously employed to ascertain the presence or absence of the following in the data: essential aspects of Integral Theory's AQAL, disciplinary knowledge that was apparent or missing in the data, and data that challenged personal assumptions. To discern clinical applicability of study findings, which is a purpose of Interpretive Description, facilitators and barriers to using Integral Theory in professional nursing practice were also flagged.

Analytic and operational memos were kept to track analytic insights, patterns and decisions, operational memos to track methodological decisions and procedures, and reflexive memos to track and unpack personal assumptions that may shape interpretation of the data. Field-notes were recorded immediately before and after interviews, noting similarities and differences among interviews, tracking repetitive ideas and tentative themes from previous interviews, and identifying questions arising from the data analysis process. Post-interview field notes also recorded initial impressions of each conversation, ideas that stood out, any questions or inconsistencies within the interview or with other interviews, and strong personal reactions of agreement or dissonance arising from interview conversations for reflexive memoing. Conversations and data analysis sessions with committee members also supported the process of reflexive and analytic memoing. For example, influence of the researcher's interest in LUQ perspectives on data analysis was challenged by a committee member, which led to further questioning and validation of the tentative theme focusing on the inner world of the nurse. This

question also stimulated systematic analytic questioning of the data regarding nursing perspectives associated with the collective lower quadrants.

### **Credibility**

To ensure knowledge claims based on these study findings are consistent with study methodology and the social context in which findings might be targeted, the following credibility criteria were addressed: Epistemological integrity, analytic logic, and interpretive authority, and representative credibility (Thorne, 2008). Epistemological integrity was met by ensuring consistency between the study design and Interpretive Description's naturalistic inquiry underpinnings. Memoing has previously been discussed in relation to data analysis. Analytic and operational memos were kept to create an audit trail of the study in support of the criterion of analytic logic. A reflexive journal was kept to identify and challenge personal assumptions, and themes were described as much as possible in the participants' own words. To ensure interpretive authority, data and memos were reviewed by dissertation committee members and strategic questioning of the data was consciously employed to discern disciplinary perspectives that were apparent or missing in the data. Written findings were shared with one participant who offered no further comments. More thorough member-checking has not been completed, representing a limitation of the criterion of interpretive authority.

Representative credibility (Thorne, 2008) addresses the extent to which knowledge claims based on study findings align with sampling strategies used in the study. It directs attention to the extent to which study participants recruited through selected sampling strategies are those most likely to inform the topic of study, as well as the "angle of opinion" (Thorne, p. 88) on the topic participants might favor. Current

nursing scholarship on Integral Theory, including educational applications, primarily targets the holistic nursing community, which guided sampling decisions. Although an inherent inclination toward a holistic nursing worldview may be present, which places limits on application of study findings beyond this context, representative credibility is supported through variation within themes and diversity of participant characteristics (See Table 3).

### **Findings: IT as Map/Scholarly Framework**

Through data analysis, an overarching theme was identified of Integral Theory as a map or scholarly framework that supported nurses in describing, understanding, and reflecting on their professional work. As a heuristic, Integral Theory gave structure to an inquiry process in professional nursing practice and in nursing education. Supporting this overarching theme are two main themes: Maximizing the Contributions of Integral Theory (Theme 1), and Constrained Applications: Recognizing the Detractors (Theme 2). Each theme (with subthemes) is discussed in turn.

#### **Theme 1: Maximizing the Contributions of Integral Theory**

The nurses in this study described the contributions of Integral Theory to their practice, and how they were tuned to maximizing these contributions. The three contributions involved the investigation of practice situations in a manner that is i) holonic, ii) multiperspectival, and iii) self-reflective. First, the holonic (“whole-part”) view offered by Integral Theory, allowed nurses to pay attention to details, or “parts” of nursing situations in a way that connected those parts or details to a larger context or “whole”. Nurses described the ability to focus on details or expand to a broader view in different nursing contexts and settings, and still have a map to orient them to the situation

at hand. Second, the multiple viewpoints included within Integral Theory facilitated nurses' ability to move among multiple perspectives, as well as locate emerging discourses on the map. Third, Integral Theory's focus on the inner world of the nurse, through the left upper quadrant, supported nurses to use Integral Theory from a first-person perspective to more deeply attune to their experience of self in relation to people and environmental factors in a given situation.

**Subtheme 1a: Holonic View of the Whole: Navigating the Tension Between Interrelated Whole-Parts in Context**

*When we're practicing integrally ... we're not denying the need to look at things closely ... It helps me ... really look at things, -- Ken Wilber uses the term 'holonically' ... having a way to look at things in both part and whole so with all quadrants, all levels. You can be... reductionistic without losing that whole bigger picture. (Holly, P8.L220)*

According to participants, Integral Theory was an inclusive map that provided a holonic view of the whole of their nursing practice. This holonic view offered a way of considering nursing situations in both part and whole, allowing one to focus on minutiae without losing sight of the bigger picture. Celeste, a nurse educator, stated:

*It's a very easy-to-understand theory at its beginning more superficial level. It's something that can be used at many levels of development throughout one's professional development. For example, beginning nursing students ... can understand those four quadrants. However the theory does provide ...an infinite number of possibilities for exploration in almost any direction. P3.L191*

This holonic view afforded an ever-broadening, more complex picture of the whole that can be applied at different levels of complexity by nurses with varying levels of professional experience. Amy's experience as an ICU nurse illustrated Celeste's point, demonstrating how a beginning understanding of the quadrant perspectives invited an appreciation of their simultaneous presence and interconnection in all situations:

*“Integral Theory forces me to look at everything as a whole. That each action I take as a nurse will affect, in some way, shape or form, the other components of the quadrants”*

*(Amy, P1.L663).* Through the quadrants, Amy was able to name how broader organizational structures, policies, managerial approaches and attitudes influenced the structures and culture on her unit that in turn shaped working relationships, so she could choose her own responses and actions to also shape the work culture. Holly, an educator, described a similar experience using quadrants and levels with her students to challenge their embeddedness in their local practice setting, and expand their view to the broader systems.

*They see beyond their unit or the other possibilities for transforming the system, or things like how policies and procedures come from ... And so they begin to gain more knowledge across those levels (P8.690's)*

An awareness of levels within quadrants allowed nurses to shift their focus among whole-parts at different levels of complexity in different contexts. While Amy and Holly's examples focused on the structure and culture of nursing units within hospitals, Erica applied a holonic view to her community nursing practice with a vulnerable population.

*Many of (my clients) can't even think beyond ...their own personal experiences right now. I try and ... keep that in mind ... As they progress ... they can start thinking about the different levels ... now maybe they've conquered a problem... Maybe they can ... pass this advice on to somebody else now, and it moves from the local to kind of the more intermediate level.*

Erica worked with the specific needs of clients, while also working to meet the health needs of the greater community. Integral Theory supported Erica to hold the tension between whole-parts: the specific needs of whole clients who were part of communities, which were also parts of greater wholes; while viewing and responding to human beings as holons, nested, in families and communities. Consistent with Integral Theory's holonic view of the whole, different nurses focused on different holons or "whole-parts" specific to their unique practice context. This holonic view of the whole underlined the interconnectedness among self, other, and context, reflecting the nurse's place in the whole, as well as how one influence's and is influenced by the whole.

### **Subtheme 1b: Engaging Multiple Perspectives and Locating Emerging Discourses**

*What I appreciate about (Integral Theory) is being able to understand multiple perspectives. And be able to shift hats and -- look at a situation through somebody else's eyes.... ...the map can show you perspectives that you're overlooking, that you need to maybe inquire about, to get a better picture of the whole...(P7.L1669)*

This sub-theme revealed the nurses' ability to consciously move among multiple perspectives included within Integral Theory, with the intent of gaining new

understanding of practice situations or becoming aware of perspectives or viewpoints that might be overlooked. The participants identified a range of situations – cultural diversity, ethics, integrative health care, evidence informed practice, psychoneuroimmunology, complementary and alternative therapies (CATS) and other systems of health and healing – in which application of - Integral Theory allowed them to broaden their approaches. That is, being guided by Integral Theory meant that they could open up to dimensions they might not have considered, such as the influence of one’s cultural identity on health care experiences. While the first subtheme emphasizes participants’ awareness of the whole, this subtheme emphasizes their conscious attempt to intentionally consider different viewpoints contained within the whole.

Holly, a nurse educator, used Integral Theory to legitimize the incorporation of left quadrant caring-healing perspectives and self care practices into the nursing practice of students working in right quadrant-focused acute care settings.

*(P8.L471) The ICU nurse that really loves the technology ... if they’re missing providing the human type of care, they start wondering why they’re burning out, this provides some answers to how they can still love technology, still love their work, but ... from a broader perspective.*

Integral Theory legitimized a view of health and healing that was not “one-quadrant sighted” (Fran), a view beyond the prevalent right upper quadrant focus of allopathic health care (Wilber, 2012). The participants explained that Integral Theory was useful to systematically consider perspectives outside one’s familiar framework, to

examine complex nursing situations. Nurse educator Gabrielle offered the following clinical dilemma for students who practice in a multicultural context:

*Let's say we have an Asian family with an elderly grandmother who needs to have surgery, okay? But the family is telling the M.D. they do not want their grandmother to know her diagnosis (or) ... what the surgery is for....So how can you get informed consent? ... they'll get into a really great debate over that ... it's a really good discussion point about multiple perspectives... from the nurse's viewpoint, the patient's viewpoint, the family's viewpoint, the culture viewpoint, the legal aspect, you know, they're kind of fitting all those different quadrants there...(Gabrielle, P7. L839)*

This excerpt demonstrates how this participant was able to work with tensions in a multicultural context with a moral intent to do good. As a heuristic, Integral Theory appeared to give structure for participants to engage in a systematic inquiry process, consciously examining nursing situations from multiple viewpoints.

Some nurses intentionally used Integral Theory to locate emerging discourses on the Integral Theory map in relation to dominant discourses in nursing practice, in a manner that legitimized their inclusion in disciplinary discourse and practice. For example, Fran used a four-quadrant approach to evidence-informed practice, as a credible way to introduce integrative health care and other healing systems such as Ayurveda, into her nursing courses. She included the evidence of direct experience associated with the LUQ, challenging widely held assumptions in health care of what counts as evidence:

*P6.588 it's the idea that there's the objective way and the objective world, there's a way of seeing which measures things ... You can do a scientific study and you*

*make rules that you can do to prove it. And we call that objective -- we call that science ... There are other ways of knowing and proving ... One is philosophical and there are certain things that you do and apply and laws that you use and things come out a certain way... The third one is the spiritual way, ... say you follow a Buddhist path, and they say, 'you meditate like this, you do this every day for a certain number of days and certain things will be demonstrated' and they are -- it goes back to the idea of evidence-informed, it goes back to looking at what lens you're looking through.*

The exploration of healing practices associated with systems of medicine rooted in nonwestern philosophies was a strong theme that participants related to the LUQ: the evidence of direct experience, self-awareness, consciousness and healing presence associated with energy healing modalities, unitary perspectives and noetic sciences. Participants also used Integral Theory's interior and exterior aspects to justify integration of body-mind therapies into nursing practice through psychoneuroimmunology, a Western scientific approach to reconciling the body-mind connection that is presumed in nonwestern systems of healing. As Holly stated: *in order to get that good biochemistry and to change that brain, you've got to be doing ... the reflective and meditative work*". In these ways, the participants' descriptions demonstrated how Integral Theory allowed them to place emerging discourses or marginalized perspectives on the map.

### **Subtheme 1c: The Inner World of the Nurse: Cultivating Self-Knowing In Context and Openness to Emergent Possibilities**

*Integral Theory focuses ... (on) how important the nurse's relationship with self is... Self-care, self-reflection, relationships with family and other nurses, with ... I*

*think it just becomes a way of thinking that way. Not even a way of thinking. A way of being.... (Erica, P5.L535)*

Study participants described taking up Integral Theory in a personal way that involved exploring their own LUQ inner worlds. Through self-reflection, self-awareness practices and deeper self-knowing, nurses expressed a growing sense of awareness for the self's influence on the whole, and the responsibility that entails for how one chooses to respond or be in the world. For Fran, practicing integrally meant:

*-- being aware of yourself and of yourself as a person giving care, it means -- you have a responsibility to attend to you as an instrument of facilitating healing, and that you have no excuse not to participate. (Fran, L826)*

This sub-theme conveyed the realization that nurses were not separate from their practice experiences but influenced their experiences by how they showed up, regardless of whether they were aware of it. Self-awareness and self-knowing was seen as something that rippled through the quadrants, influencing self, other, and the situation.

Study participants used quadrants from a first-person perspective to more deeply attune to their experience of self in relation to people and factors in a given situation. Sorting through the complex situation in which her trusting relationship with a client was undermined by the actions of a healthcare provider from another agency, Erica emphasized how taking up Integral Theory in a personal way supported her:

*Definitely the emphasis on self-care, and self-reflection... in that particular situation, I really had to sit down and identify my biases on the situation and how I could overcome them to give the client the best possible care ... And I did that*

*through -- you know, long walks and ... some intense reflection, actually ... So I think the self-reflection and self-care component of this theory is huge for nurses.*

Through self-reflection, Erica cultivated awareness of how personal feelings and biases were influencing her relationships with clients, other agency personnel, and the situation, using the four quadrants to guide her inner reflection process. Participants' stories of self-responsibility and awareness of one's place in relation to the whole, reflected a desire to enact personal values in a manner that benefited others: Respect, compassion, acceptance, nonjudgment, and being in right relationship were identified by participants as personal ideals they strove to embody in their nursing practice.

In addition to supporting the cultivation of deeper contextual awareness of self in relation to others in nursing situations, Integral Theory also legitimized the conscious inner work required to cultivate the ability to access inner wisdom, intuition, inner knowing, that are associated with healing, and unitary-caring perspectives in nursing, as reflected in this quote:

*P3.518: (Integral Theory) allows for an exploration of pandimensionality ... a term that Rogers used and Newman and Parse ... To really explore that with students ...that ... how we are in the world does make a difference ... there's so much that is beyond... written ... knowledge ... That's probably the most concise way to say it. (long pause) There's a knowing that exists before we can say it....And it's exploring that knowing that exists before language. ...it provides that framework.*

Being self-aware of the quality of one's presence in nursing situations, and cultivating the ability to inhabit a state of openness to emergent possibilities was valued

by nurses, and was justified through the LUQ. It was expressed as being OK with not knowing and allowing insights to emerge from within, rather than figuring things out or cutting off from emerging possibilities.

In summary, study participants were using Integral Theory in a self-reflective, rather than a static, representational way. Integral Theory was described as useful in highlighting viewpoints to consider, including those that might not otherwise be taken into account. Findings suggest that using Integral Theory as a heuristic gives structure for self-reflective processes in moral situations, or in situations involving cultural diversity or working with marginalized populations. The LUQ was identified as the impetus for self-inquiry in relation to their nursing practice contexts, which was then enacted in relation to Integral Theory's four quadrant perspectives. Nurses in this study also named the importance of bringing self-awareness to the quality and influence of their presence in any nursing situation, and the justification for self-reflection, self-knowing, and self-care that the LUQ provided. Along with these contributions of Integral Theory, nurses also identified aspects of Integral Theory, which could detract from its use. Theme 2 addresses ways in which the application of Integral Theory was constrained for these nurses.

### **Theme 2: Constrained Applications: Recognizing the Detractors**

Participants identified four main detractors that could constrain application of Integral Theory in practice. Detractors related to i) Integral Theory's nascence in nursing; ii) contextual factors in nursing practice environments; iii) the potential for superficial use at the level of the individual nurse; and iv) the intricacy of Integral Theory itself.

### **Subtheme 2a: Limited Discourses about Integral Theory in Nursing**

First, due to Integral Theory's nascence in nursing, disciplinary discourses regarding Integral Theory and its usefulness in nursing practice and education are limited. Those participants lacking colleagues with whom to discuss Integral Theory both struggled and expressed relief at the opportunity to articulate connections among aspects of their nursing practice that Integral Theory supported them forming. As Amy shared:

*I think it's been so stuck in my head, and any chance I get to verbalize it, I get so excited that I don't -- they don't come out as eloquently (Amy P1:L876)*

Barb echoed Amy's experience, stating: "I'm just discovering some of this. This is awesome!" (P2: 650). Participants who lacked work colleagues with whom to discuss Integral Theory, commented on forming new understandings and insights through interview conversations, about the usefulness of Integral Theory in their professional practice. For example, Amy commented on how fulfilling it was to be able to share ideas through our conversations and how rare this was because "it's (Integral Theory) a fairly new concept" (L787). Without these conversations, participants had a felt sense of the usefulness of Integral Theory that was difficult to articulate.

Even with a personal understanding of the usefulness of Integral Theory, this usefulness was not always easy to convey to others. As an educator with a personal interest in Integral Theory, Fran stated: "If you just have another language that you can't talk to anybody in, that always gets hard" (1049). Fran described how Integral Theory offered her an inclusive framework for viewing the whole, which was challenging to translate into the classroom setting outside of the structure of an integrally-informed curriculum.

*How come I'm not teaching it in every class? How come I haven't declared it my underlying theory? It's because .... I don't know how to explain it beyond a certain point. And that's where it -- the limitation, somehow for me, whatever that is, it all stops after a certain point. (1073)*

### **Subtheme 2b: Contextual Factors in Nursing Practice Environments**

Participants were challenged in their attempts to live the broader perspective offered by Integral Theory in some practice environments. Dawn described her experience leaving a job where she was expected to be one-quadrant sighted:

*I was being asked to live in the upper right quadrant of just ... the really measurable world of objective, biological, and behavioral things. And so I had a lot of trouble separating myself, and my personal life from that. P4.L429*

Participants identified Integral Theory as an internalized and useful heuristic in recognizing factors in themselves and their work environments that supported or constrained their professional work. Yet contextual limits within their practice environments constrained their ability to fully and satisfactorily enact the theory.

For example, despite her love of ICU nursing, Amy was concerned about the quality of her work environment and its influence on patient care, her own health, as well as the health of her colleagues and her professional working relationships. With an interest in self-care and healthy work environments, Amy used the four quadrants to articulate the importance of stress management for nurses, and taking personal responsibility for the influence of her thoughts, motivations and actions on her professional relationships and work environment.

*I just want to take peoples stress away...but I realize I can't do it. People have to be willing to change on their own (316-19).*

Amy endeavored to model self-care and supportive working relationships that could “ripple through the quadrants” to create a healthier work environment. At the same time, she also recognized that the effort required to develop an integrally-informed view of nursing practice and the self-reflection required to live it was a barrier to creating change in her work environment.

*I think it's just the time. Because this kind of development and the process that Integral Theory requires takes time... I think also (to) develop and to apply it (750-1) ... I think a lot of people have so much pride right now, you know, they don't want to point the finger at themselves first. I think that's going to be a big barrier (762-4)*

Some, like Amy, hoped to find ways to live Integral Theory in their current practice environment, and possibly influence patients, colleagues, or their work environments in the process. However Dawn changed to a job that allowed her to practice nursing more integrally. As nurse educator Holly noted:

*...It may mean that people are more likely to switch their practice setting because they're looking for places where they can do this. (P8: L840)*

### **Subtheme 2c: Using Integral Theory as a Categorization Scheme**

The third detractor existed at the level of the individual nurse who could potentially use Integral Theory superficially to categorize people in unhelpful ways:

*The real danger side is ... you want to put yourself on the map, okay? You want to put other people on the map. And the danger there is doing that superficially ... so ... being aware of that shadow, being aware of my own self-judgment or tendency to possibly lapse into putting students or people I'm working with in categories, which I don't want to do (Gabrielle, 1290)*

Participants were cautious about the possible tendency to categorize people in marginalizing ways if Integral Theory is taken up conceptually but without self-reflection. Comments included the need for self-awareness to avoid categorizing people, and the acknowledgement that not everyone wants to develop the level of self-awareness that participants in this study valued as part of their attraction to Integral Theory in their professional lives. Yet without self-awareness, Integral Theory could be superficially used to label or pigeonhole people in limiting ways. Reflecting on quadrants and levels, Fran described the potential downside of Integral Theory if taken up superficially.

*Where it might not be helpful is the idea of where ... we start categorizing people ... And we might forget that either they're overlapping categories or they're fluid or ... so there could be this tendency to put people in new boxes that they can't get out of. (P6:1041)*

Awareness of any tendency to “put people in new boxes they can't get out of” (P6:1041), included challenging possible value judgments about levels of development. While Gabrielle pointed out that “higher is not necessarily better” (P8:1438), Fran emphasized that the point of viewing people from an integral perspective is not to categorize them, but to better understand how to meet them where they are.

### **Subtheme 2d: Intricacy of Integral Theory**

The fourth detractor relates to Integral Theory itself: The potential for information overload using a map that is both detailed and esoteric in its scope. Barb summed this up stating: “I think it can be overwhelming because its so complex” (P2:814). Gabrielle identified how:

*It’s possible to get into this kind of paralysis of ‘wow, I see all these different angles and all these different perspectives’ and yet I literally don’t know what decision I can make, because I see all the angles” (p7: 794-798).*

As Holly described, too much detail potentially led to information overload or redundancy without being helpful:

*I think one of the drawbacks can be ... minutiae. And so then you’ve gotta come back out, the holonic. So. And I think that’s hard for people and can be hard in our culture as well, ‘cause we’re not really trained or educated to do that.*  
(P8.1136)

At the other extreme, Fran describes how focusing too much on the philosophical or esoteric potentially undermined the utility or relevance of Integral Theory in direct practice:

*The more esoteric one gets, the more challenging that would be for other people to embrace. (Fran: P6:L976).*

Potentially problematic at both extremes, Integral Theory’s holonic perspective was proposed as a possible solution by allowing one to focus or expand one’s view as needed, to address the nursing situation at hand. Fran illustrated this, pointing out how one can bridge the material-spiritual and meet someone who is struggling in a place that

is most meaningful to the person in their immediate circumstances, while holding tension between these two extremes.

In summary, participants identified constraints in the application of Integral Theory in nursing practice. As an emerging discourse in nursing, there were few opportunities for participants to discuss application of Integral Theory in professional practice with their colleagues. Attempting to live Integral Theory's broader view when it was not shared or understood by work colleagues also created challenges among participants. Although nurses in this study described using Integral Theory in a self-reflective way that encouraged understanding viewpoints of others, the danger of using Integral Theory to categorize people was identified as a possibility. Finally, the intricacy of Integral Theory as a map that is both esoteric and detailed in scope was seen as a potential detractor.

### **Discussion**

Study findings offer an illustration of nursing theory-informed practice in a contemporary context. Nurses in this study used Integral Theory as a heuristic for making sense of the complexities of their work, and structuring an inquiry process into self, other, and context. Study participants found Integral Theory useful for viewing the unique individual in context in a self-reflexive manner, while supporting thoughtful consideration of myriad information in a systematic, organized way. Integral Theory also supported nurses to adopt a broader view of the individual beyond the RUQ biomedical approach predominating in most nursing practice environments, and to legitimize the incorporation of nursing knowledge involving patterns of knowing and ways of being that nurses in this study associated with the LUQ.

Participants used of Integral Theory as an all-encompassing framework for supporting systematic inquiry into complex nursing practice contexts invites consideration of contemporary discourse on nursing theory in the discipline. Study findings are in keeping with the intent of conceptual frameworks or grand theories in nursing to offer a global structure for organizing and making sense of data about individuals from a uniquely nursing perspective that supports clinical decision-making (Parker & Smith, 2010). However, current trends in relation to nursing theory as a specific form of nursing knowledge have shifted away from broad frameworks offering a global view of nursing. Conceptual framework and grand theory development has declined in favor of middle range theories that are viewed as more amenable to application at the practice level (Parker & Smith). Despite this trend toward mid-range theories, these study findings indicate that there is a need at least among some nurses for nursing theories that are broader in scope.

One aspect of Integral Theory that participants identified as valuable was the ability to consider nursing situations from different viewpoints represented by the four quadrants of Integral Theory's AQAL framework. Integral Theory's, quadrants and levels, provided nurses in this study with a way of viewing situations and organizing information from multiple perspectives. By systematically viewing and considering nursing situations from each of the four quadrants participants described taking up viewpoints that they might not otherwise have considered. This allowed nurses to move beyond the RUQ view of the individual associated with the biomedical model approach of health care that predominates in North American health care systems.

It is salient to note that quadrants are also a central feature of the Theory of Integral Nursing, which emphasizes patterns of knowing in nursing. Both quadrants and patterns of knowing (Carper, 1978; Munhall, 1993; Silva, Sorrell & Sorrell, 1995; White, 1995) invite nurses to attend to the many perspectives through which nurses come to know and experience themselves in relation to others in their professional worlds. Although the invitation to consider multiple perspectives and ways of knowing in nursing is hardly unique to Integral Theory, the question of whether Integral Theory's AQAL supports nurses' to consider and integrate an increasing plurality of perspectives requires further investigation.

Detractors identified in this study highlight potential challenges to integrally-informed nursing practice in clinical environments where a predominately biomedical approach predominates. Critiques abound in nursing literature of the limits of the biomedical model that does not account for the sentient body or the lifeworlds of patients (Pohlman, Cibulka, Palmer, Lorenz, & SmithBattle, 2012), which map onto left-side quadrants. Furthermore, standardized evidence-based clinical protocols privilege forms of evidence that do not take into account the complex patterns of knowing involved in sophisticated clinical judgments of nurses (Benner & Leonard, 2011). Participants in this study identified how the absence of integrally-informed colleagues in such practice environments detracted from their use of Integral Theory. Yet Integral Theory offers a way of acknowledging for those new to AQAL the importance of RQ empirical evidence and clinical guidelines in the provision of safe care, while also recognizing the right quadrants are only half of the health care picture. The AQAL framework could thereby

potentially free nurses to legitimize incorporating diverse theoretical and philosophical scholarship within nursing in current practice contexts.

The explicit inclusion, through the LUQ, of the self-reflecting nurse as part of, rather than separate from the unfolding nursing encounter with individuals in their care, substantiated for nurses the participative nature of their work, and the self-responsibility for the quality of their presence in those encounters that entailed. In this study, holistically-inclined nurses were drawn to the LUQ as an entry point into Integral Theory, that validated the unitary-caring-healing and relational aspects of nursing encounters and the influence that the quality of their presence had on those encounters with individuals in their care. However, it is possible that nurses who are grounded in emancipatory nursing might be drawn to other quadrants as an entry point into AQAL. For example, Anderson (2014) points to a trend in nursing scholarship toward emancipatory nursing where praxis is aimed toward social justice goals. This focus would likely invite consideration of the lower collective quadrants to examine structural inequities, power relations, and dominant discourses that perpetuate social injustices. Although this speculation requires investigation, further research could reveal the utility of Integral Theory in nursing beyond what has been highlighted in this study.

Finally, limitations in the interpretation and application of these study findings in relation to Wilber's Integral Theory relate to recruitment criteria. Dossey's Theory of Integral Nursing has been instrumental in introducing a four-quadrant perspective into nursing in a way that complements, yet contrasts with the metatheoretical approach used by integral scholars in other disciplines (Shea & Frisch, 2015). Eligibility criteria for this study required a basic understanding by participants of Integral Theory's four quadrants.

This allowed for inclusion of study participants who were familiar with Integral Theory's four quadrants through Dossey's Theory of Integral Nursing, without necessarily being familiar with Integral Theory in its entirety. Three of the eight participants were introduced to Integral Theory through the Theory of Integral Nursing: Two as students in an RN to BSN nursing curriculum based on the Theory of Integral Nursing, and one in a graduate level course on nursing theory. The extent to which the two RN to BSN students were exposed to some of the nuances of Integral Theory through the expertise of nursing faculty is unknown. The remaining participants had read numerous publications of Wilber's on Integral Theory and had engaged in professional activities related to their interest in Integral Theory.

One provocative comment quoted in this paper is that Integral Theory offers an ever-expansive framework for professional development regardless of one's level of experience or area of nursing, beginning with the four quadrants. However, questions remain about how an understanding of the intricacies of Integral Theory through primary sources might influence nurses' uptake of the Theory of Integral Nursing, both in clinical practice and in nursing education settings. Although small and homogenous in its holistic nursing leanings, this sample was diverse in terms of professional nursing experience (4 to 40 years), education (BSN to PhD), and area of nursing practice (hospital, community, private practice and nursing education), which suggests an interest in Integral Theory among holistic nurses with different career trajectories. Although Integral Theory's states were mentioned by a few participants, and lines by one, quadrants were by far the most discussed, followed by levels. This may be partly due to Integral Theory's nascence in nursing, the nature of interview guide questions, or recruitment criteria that allowed for

the inclusion of participants who were familiar with Integral Theory's four-quadrant perspective through Dossey's Theory of Integral Nursing.

### **Conclusion**

Research findings presented in this paper indicate that nurses in this study used Integral Theory in professional practice as a map or heuristic that gave structure to an inquiry process that was holonic, multi-perspectival, and self-reflective. Detractors constraining nurses' use of Integral Theory included its newness as an emerging discourse in nursing, its intricacy, the potential for superficial application of Integral Theory and the challenge of practicing integrally in some nursing practice environments. Representative credibility of these findings is limited by the homogeneity of participants self-identifying as holistic nurses. Findings suggest that Integral Theory is spacious enough for a multiplicity of theoretical and philosophical views within nursing that does not limit, but rather, potentially expands one's options for understanding and responding to the unique needs of individual patients in a variety of contexts.

### Appendix A: Participant Attributes

# Eligible Participants	8
# Years Registered Nursing Experience	Mean: 17.5 Median: 14.5 Range: 4-40
Education	BSN: 1 Graduate student: 3 (2 Masters; 1 PhD) PhD: 4
Areas of Practice	Critical Care: n=1 Community Health: n= 2 Private Practice: n=2 Nursing Education: n=4
Specialty Certification in Nursing	Holistic Nursing: n=7 Advance Practice Certification: n=3 Other Nursing Specialties: n=2

## Appendix B: Interview Guide

### General Interview Guide

1. How did you become interested in Integral Theory?
2. What was your introduction to the theory?
3. Are you familiar with any of the following sources?
  - a. Books on Integral Theory written by Ken Wilber?
  - b. Nursing publications or presentations incorporating Integral Theory or its four-quadrant perspective? (specify)
  - c. Websites or online material associated with Integral Theory or Integral Health?
  - d. Are you a graduate of an undergraduate Nursing program using Integral Theory or Dossey's Theory of Integral Nursing in its curriculum? (which school?)
4. In your own words, please tell me what the four quadrants represent?
5. I would like to give you some examples of statements that are each associated with one of Integral Theory's four quadrants. There will be six statements.

When I read each statement, please tell me which quadrant it belongs in:

- a. Conducting a physical assessment on a newly admitted post-operative patient.
- b. My internal sense of sadness about my close friend moving to a different city.
- c. Following organizational policies regarding use of the electronic health record.
- d. The physical sensation of my heart pounding in my chest as I run a marathon.
- e. Seeking to provide end of life care that honors a dying man's cultural and spiritual beliefs and practices.
- f. Experiencing inner anxiety waiting for the ambulance attendants to bring a coding patient into the Emergency Room where you work.

Is there anything you would like to add about these statements and the quadrants?

(If one or more statements incorrectly sorted into quadrants, complete general interview guide questions only. If all statements correctly sorted, proceed to Specific Interview Guide)

6. Tell me how you use this theory in your practice? How is it useful to you?

Thank you for speaking with me today.

### Specific Interview Guide

1. What is it about Integral Theory that attracts you? Intrigues you? What is the attraction?
2. How is it useful? How is it influencing your nursing practice?
3. Are there particular aspects of Integral Theory that intrigue you? Are most useful helpful? In what ways are they useful? e.g. quadrants, levels, lines, states, types, other.
4. Does Integral Theory draw your attention to aspects of practice that you might otherwise not consider? Please describe.
5. What does Integral Theory offer that other Nursing theories or perspectives don't do? What does it offer that is different?
5. In your professional practice, how does Integral Theory influence your thinking? Your actions? Your interactions with patients and families? With other nurses? Other health team members?
6. What does it mean to practice integrally? Can you give me an example?
7. When you hear the word "integral", what comes to mind? What is your understanding of "integral nursing"?
8. What do you like about the theory? Are there ways the Integral Theory is not helpful?
9. Is there anything else you would like to add?

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## Chapter 5: Implications and Recommendations

The purpose of this paper-based dissertation has been to examine Integral Theory's introduction into nursing from the standpoint of the metatheoretical intent put forth by Wilber (2001), and developed by Integral scholars (Esbjorn-Hargens, 2009) dedicated to the uptake of Integral Theory in alignment with this intent. Nascent in the discipline, Integral Theory has been addressed by some nursing scholars (Baye, 2005; Clark, 2006, 2012, 2013; Clark & Pelicci, 2011; Dossey, 2008, 2013; Fiandt, Forman, Erickson Megel, Pakiester, & Burge, 2003; Gray, 2004; Jarrin, 2007, 2012; Quinn, Smith, Ritenbaugh, Swanson, and Watson, 2003; Watson, 2005) with little clarification or critique of its introduction into nursing. The lack of scholarly discourse regarding Integral Theory's introduction into nursing was a major impetus for this dissertation.

The first paper in this dissertation (Shea & Frisch, 2014) was written with the purpose of introducing Integral Theory, in particular its complex and potentially esoteric AQAL framework, as a metatheory with practical application for registered nurses in clinical practice. This approach was chosen in part to illustrate the potential utility of applying Integral Theory in nursing practice in a manner similar to the practice discipline of psychology (Cook-Greuter & Soulen, 2007; Fall, Miner-Holden & Marquis, 2004; Foster & Black, 2007; Ingersoll, 2002; Ingersoll & Cook-Greuter, 2007; Marquis, 2007; Marquis & Miner Holden, 2008; Marquis & Wilber, 2008), that allows nurses to consider practice situations from a variety of viewpoints. Implicit in the multiple viewpoints offered through Integral Theory are different sets of ontological and epistemological assumptions that underlie knowing and being in nursing scholarship, education and practice, that are simultaneously available for nurses to "try on"; different lenses that one

may adopt that color what one may see or perceive. Providing a practice example illustrating the multiple lenses that one might adopt within Integral Theory's AQAL matrix, supported the argument presented in the second paper, clarifying the varied interpretations of the term metatheory within the nursing community influencing nursing's introduction of Integral Theory.

The second paper examines Dossey's Theory of Integral Nursing in relation to its major theoretical source, Wilber's Integral Theory. Through the exploration of Dossey's adaptation of Wilber's term "integral", two possible interpretations of "metatheory" are explored: i) as an all-encompassing, unifying grand theory presenting nursing from one "integral" perspective based on the four quadrants, or ii) as a theory of theories, or lens of lenses, that embraces pluralism. While the term "integral" within the Theory of Integral Nursing is equated with a four-quadrant perspective (Dossey, 2013), scholars of Integral Theory outside of nursing are taking up Integral Theory in the manner originally intended by Wilber; that is, as a metatheoretical framework that demands attention to all interrelated aspects of AQAL (Esbjorn-Hargens, 2009; Fall, Miner-Holden, & Marquis, 2004; Ingersoll & Cook-Greuter, 2007; Marquis & Wilber, 2008; Wilber, 2001, 2007). As a grand theory, the Theory of Integral Nursing offers a broad view of nursing from *one* perspective; however, full use of Integral Theory as a metatheoretical framework would invite a nurse to take in many theories, philosophies and concepts relevant to nursing all at once, without placing boundaries on what nursing knowledge can or cannot be considered.

The research findings presented in the third paper suggest that integrally-informed nurses in clinical practice and nurse educators are using Integral Theory as a heuristic that

gives structure to their professional inquiry. As a heuristic, Integral Theory encourages the investigation of practice situations and scenarios in a manner that is holonic (subtheme 1a), multiperspectival (subtheme 1b), and self-reflective (subtheme 1c). Nurses use quadrants as from a third person perspective to scan, assess, and analyze nursing situations (sub-themes 1a and 1b), as well as from a first-person perspective (sub-theme 1c) to more deeply attune to their experience of self in relation to people and factors in a given situation. Levels, inherent in the quadrants afford a holonic view in a variety of nursing contexts. Nurses described the ability to focus on details or expand to a broader view in different nursing contexts and settings, and still have a map to orient them to the situation at hand.

Nurses in this study intentionally used Integral Theory to look at practice situations from different angles, or to become aware of perspectives or viewpoints that they might not be attending to. For integrally informed nurses, nursing contexts include the reflexive self, capable of perspective-taking, and systematically inquiring into self, other and situation at levels of complexity that vary among nurses. Findings also identify detractors encountered by nurses in attempting to use Integral Theory to describe and understand their professional work, including i) Integral Theory's nascence in nursing, ii) contextual factors in nursing practice environments, iii) superficial use at the level of the individual nurse and iv) the nature of Integral Theory itself.

For the remainder of this chapter, insights gained through the completion of this dissertation will be discussed, including implications and recommendations for the integration of Integral Theory into the practice discipline of nursing.

## **Integral Theory in Nursing: Current Tensions and Possibilities**

### **Different Approaches to Integral Nursing**

Chapter One of this dissertation provides a brief historical overview of knowledge development in nursing, highlighting the diversity of perspectives in nursing scholarship, and the tensions inherent in attempting to reconcile these perspectives in a manner useful to clinical practitioners. Integrating this complex array of perspectives toward pragmatic ends requires a collective willingness and movement within the discipline and profession of nursing toward embracing and working with pluralism in nursing scholarship and practice. Integral Theory's AQAL framework offers the possibility of supporting this integration through its systematically organized arrangement of lenses for viewing and considering different aspects of reality; lenses that are founded on different assumptions and beliefs about the nature of reality and what counts as knowledge (Wilber, 1998). However, Integral Theory's introduction into nursing has been at least partly obscured by an apparent throwback in nursing's disciplinary history, where one unifying theory or philosophy was sought that would encompass all of the discipline. Rather than embrace the unique contribution of the full diversity of theoretical and philosophical perspectives within nursing to address complex problems, these unifying approaches foreground certain nursing perspectives while leaving out others.

This unifying approach is most apparent in the work of Dossey's (2013) *Theory of Integral Nursing*, discussed in Chapter 3, and Jarrin's (2007, 2012) uptake of Integral Theory from a unitary transformative caring perspective. Both foreground select perspectives and concepts in nursing scholarship that reflect a particular, and legitimate,

set of beliefs about the world. Claiming that these integral approaches are inclusive of all nursing knowledge, however, implies a common ontology in nursing (Pesut & Johnson, 2013) as well as a perspective neutrality (Pesut, 2009) in these integral approaches that overlooks the diversity of truth claims underpinning nursing scholarship in its entirety.

It is noteworthy that these “unifying” approaches highlight one of the strengths of Integral Theory identified by study participants, i.e. bringing attention, in a legitimate way, to perspectives, that might otherwise be relegated to the margins in mainstream Western health care. Paradoxically, this is done in a way that conceals other nursing perspectives, such as critical emancipatory scholarship (Kagan, Smith, & Chinn, 2014), which undermines Wilber’s (2001) integral intent of integrating as many diverse perspectives within AQAL as possible.

To illustrate, while Dossey’s (2013) theory, with its core component of healing, is consistent with the values, foci, and competencies of the AHNA certified specialty of holistic nursing (Mariano, 2013), its incorporation and interpretation of Integral Theory conveys an unspoken assumption that the Theory of Integral Nursing represents all of nursing, rather than a particular specialty group with a legitimate agenda. As a rallying point for holistic nurses incorporating complementary and alternative therapies, energy healing modalities, self-knowing and self-care of the nurse, and transpersonal caring-healing perspectives within current Western health care structures, this interpretation of Integral Theory conveys, in a partial way, study findings in Chapter 4. Specifically, that Integral Theory’s multiperspectival AQAL framework brings legitimacy to the exploration of ideas and practices related to human health and well-being that exist on the margins of whatever is considered “mainstream” health care. However, the downside of

targeting the introduction of Integral Theory to a particular specialty community within nursing is two-fold. First, by developing a grand theory targeting the Holistic Nursing community and calling it “Integral” there is an implied presumption that Dossey’s (2013) application of Integral Theory, or Jarrin’s (2007, 2012) approach, represents all viewpoints in nursing, rather than aligning with one nursing community (holistic nurses) with a shared viewpoint, or one world-view (unitary-caring). The usefulness of Integral Theory in foregrounding other legitimate viewpoints in nursing scholarship that may also be relegated to the margins in relation to the biomedical model of mainstream Western healthcare, is thereby minimized. Second, this approach does little to invite consideration of scholarship in nursing outside of the target community that might be useful in advancing the agenda of holistic or “integral” nursing.

A case in point, a postcolonial lens focuses attention on European colonial influences that privilege western biomedical approaches such as pharmaceuticals, over nonwestern approaches such as meditation or acupuncture (Varcoe, Browne, & Cender, 2014). A postcolonial lens offers a view that could enhance nursing scholarship using Integral Theory to examine complementary therapies such as Reiki (Clark, 2013), by critically questioning structural inequities that marginalize certain health and healing practices. Lower quadrant critical perspectives in nursing scholarship draw attention to health inequities and systems of oppression in health care that are taken for granted, and operate to privilege some forms of knowledge and health practices over others. Critical lenses that disrupt the taken for granted superiority of Western medicine from the perspective of health equity and social justice, could advance the agenda of holistic

nursing in ways that have yet to be explored in nursing scholarship in relation to Integral Theory.

With the exception of one nursing article using Integral Theory as a practice framework for targeting HIV-related stigma (Grey, 2004), the consideration of critical perspectives in relation to Integral Theory in nursing scholarship is currently lacking. This gap has been recognized through this dissertation and could be addressed through integrally-informed nursing curriculums. Integral Theory as a curriculum framework might offer the means to integrate lower quadrant critical perspectives that address nursing concerns at a collective level from a uniquely nursing perspective, while building on the foundation of existing integrally-informed nursing curriculums.

### **Integral Theory in Nursing Education: Possibilities for Embracing Pluralism in Nursing**

In contrast with the unifying grand theory or philosophy approach, scholarship on Integral Theory in the field of nursing education has been more in alignment with the metatheoretical intent put forth by Wilber (Clark, 2006). Integral Theory has been proposed as a structure for embracing pluralism within nursing knowledge construction and application (Clark, 2006, 2012, 2013; Clark & Pelicci, 2011), affording educators the ability to link and interconnect, with and for students, the competing paradigms underpinning knowledge construction in nursing. This linking has been described as occurring through a holonic view of the four quadrants, which provides a manner of bridging reductionism and holism by linking "whole-parts" that might otherwise be considered disconnected knowledge fragments (Clark, 2006). Integral Theory's holonic view has been proposed as a way of situating the unitary whole person as holon within

the broader situational caring context (Jarrin, 2012). The holonic view has been described as capturing students' evolutionary growth and change in a manner that is consistent with emancipatory nursing education (Clark, 2006; Clark & Pelicci). Integral Theory offers a way of understanding not only different holarchical levels through which all human beings developmentally progress, but also the lack of awareness of broader perspectives that students may experience that can, however, potentially be revealed through their evolutionary growth (Clark, 2006).

The suggestion of Integral Theory as a structure for embracing pluralism is consistent with emancipatory education, and is provocative in light of current nursing scholarship linking emancipatory nursing with social justice as praxis (Anderson, 2014; Kagan, Smith, & Chinn, 2014). An examination of nursing school curricula in the United States, where all scholarship on Integral Theory in nursing has originated thus far, reveals that the topic of social justice is inadequately represented in American nursing curricula (Canales & Drevdahl, 2014). This gap could be shown and addressed within Integral Theory's AQAL framework, introducing critical emancipatory nursing perspectives through the collective lower quadrants. This would extend current educational applications of Integral Theory, much of which integrates holistic nursing theory and practices, and offer additional ways of viewing and responding to complex nursing situations from a uniquely nursing perspective.

The cultivation and enactment of nurses' self-care and caring-healing practices associated with the upper quadrants are already supported in nursing scholarship promoting Integral Theory (Clark, 2012, 2013; Clark & Pelicci, 2011) and the Theory of Integral Nursing (Dossey, 2013; Northern New Mexico College, 2013) as educational

frameworks in nursing. Self-identified holistic nurses participating in this study described aspiring to and enacting qualities associated with ontological competencies (Watson, 1999) and ontological caring literacy, which are foundational to unitary caring science praxis (Cowling, Smith, and Watson, 2008). Proposed practices for developing ontological literacy include reflective or spiritual practices, such as meditation or centering, that cultivate stillness, receptivity, or other qualities of inner harmony that nurses may enact in unitary caring-healing encounters with individuals in their care (Cowling, et al.). The concept of ontological literacy is consistent with the training of state-stages described by Wilber (2000a, 2006) where inner awareness practices such as meditation or mindfulness open the meditator to deeper forms of awareness.

Self-inquiry is also required for nurses enacting critical emancipatory perspectives in nursing practice (Kagan, Smith and Chinn, 2014). Critical emancipatory perspectives are ideally suited to identify and challenge structural inequities influencing health, associated with Integral Theory's lower quadrants. These structural inequities not only affect the nurse's ability to care for the whole person in a responsive manner, but, if left unchallenged, also perpetuate health inequities or social injustices among vulnerable populations in nurses' care. Critical self-inquiry directed toward collective lower quadrants could presumably be added to integrally-informed nursing curricula that already support and promote self-reflection among nursing students.

For example, Varcoe et al. (2014) propose principles of practicing nursing in an "equity-transformative manner" that invites critical inquiry into intrapersonal, interpersonal and contextual factors in nursing situations. This form of critical inquiry, which could be mapped onto Integral Theory's four quadrants, is oriented not only

toward the individual, but also toward the recognition and transformation of structures that perpetuate health inequities. Included in these principles is a critical view on the nurse's reflexivity, to surface personal assumptions and biases that shape one's interpretation of nursing situations. Reflecting on one's positioning in relation to factors such as gender, class, race, education, and other factors draws attention to ways nurses may, inadvertently, be complicit in perpetuating health inequities among marginalized populations, so we can choose to practice in a different way. Critical self-inquiry could mitigate one of the detractors identified in the study findings, specifically the danger of using Integral Theory in an oppressive manner as a categorization scheme.

The current study's findings suggest that Integral Theory can be useful as a heuristic to identify perspectives that one might be missing, in order to open new understandings and opportunities for action in complex nursing situations on both individual and collective levels. It is suggested that integrally-informed nursing curricula may offer a unique opportunity to further explore this heuristic potential of Integral Theory as well as the impact on an integral education on nursing graduates in their nursing practice. The need for nursing faculty to foster their own personal inquiry and self-development, as well as the ability to facilitate student self-inquiry has already been identified in the literature (Clark, 2006), and presents an additional area for further research.

### **Future Directions**

As a metatheoretical framework, Integral Theory holds much possibility for growth in nursing scholarship, practice, and education. Existing scholarship on Integral Theory in nursing offers fertile ground upon which to cultivate our growing

understanding and enactment of integrally-informed nursing. Historically in nursing, there has been an uneasy relationship between the creation of nursing knowledge and the application of knowledge in practice, a relationship that dates back to the early theory development movement in the 1950's, and continues today (Thorne, 2014). Disciplinary trends in relation to nursing theory are shifting, with less emphasis on conceptual model and grand theory development, and a greater emphasis on middle range theories (Parker & Smith, 2010). As an example of this trend, Dossey's (2009; 2013) Theory of Integral Nursing is the only grand theory introduced into nursing in the past few decades that was included in Parker and Smith's nursing theory textbook.

The inclusion of nursing theories in undergraduate and graduate curricula has also been in decline, albeit amidst discomfort regarding nursing's ability to clearly define its disciplinary focus and mandate without nursing theory (Parker & Smith). Dialogue on nursing's disciplinary focus and mandate has also expanded beyond Fawcett's (1984) metaparadigm to include the centrality of caring and relationships in nursing (Newman, Smith, Pharris, & Jones, 2008; Parker & Smith). Nurse theorists are looking beyond perceived boundaries among nursing theoretical perspectives in search of commonalities and connections (Cowling, Smith, & Watson, 2008; Smith, 1999; Watson & Smith, 2002).

Nursing scholars are also mining the intersections among various critical frameworks and nursing science to discern fresh insights into complex nursing concerns. Critical emancipatory scholarship aimed at promoting health equity and social justice for all members of society is well established (Kagan, Smith, & Chinn, 2014). A similar focus on historical, personal, cultural and sociopolitical contexts of health care delivery is

also occurring in the field of nursing ethics (Rodney, Burgess, Pauly, & Phillips, 2013). Integral Theory potentially provides a structure for considering the interplay of various contextual factors on the health and well being of the recipients of nursing care, by linking perspectives founded on different assumptions about the nature of reality and knowing represented by different quadrants and levels of Integral Theory.

Furthermore, as a metatheoretical framework, Integral Theory holds the potential to support transdisciplinary communication and action, through which nursing perspectives on a variety of topics could be shared. In an age of globalization and immigration, nurses are increasingly called upon to respond to the health needs of people from diverse backgrounds in an equitable, socially just, and morally responsible manner. Fostering the development of global citizenship has become an educational imperative and research priority in nursing to support the provision of culturally safe nursing care among local immigrant populations as well as abroad. Nursing education research aimed at cultivating global citizenship in alignment with nursing's social justice mandate emphasizes the importance of a critical lens to support students' self-inquiry; the aim of this critical self-inquiry is to challenge personal assumptions and context in relation to global issues and health that could inadvertently contribute to the perpetuation of global health inequities (Asenso, Reimer-Kirkham, & Astle, 2013; Burgess, Reimer-Kirkham, & Astle 2014).

This is one example of nursing scholarship that could offer crucial transdisciplinary contributions to addressing complex issues of global concern in relation to world health at local and global levels. The value of leveraging, linking, and aligning transdisciplinary perspectives (Hargens, 2007) through Integral Theory has already

highlighted in the field of international development (Hochochka, 2008) where development interventions tend to focus on approaches framed within only a couple of disciplinary perspectives, resulting in a partial response. In the transdisciplinary field of international development, where cultural, economic, political, behavioural, scientific and other factors influence interrelated issues of health, education, community development, governance, poverty, disaster relief or other foci (Hochchka, 2008), nurses are stakeholders with much to offer. Adopting a metatheoretical approach to Integral Theory in nursing would allow nurses to embrace pluralism within nursing in a new way, and participate more fully in transdisciplinary collaboration with other Integrally informed scholars and practitioners.

Working with and embracing pluralism is a progression beyond the binary thinking that has historically shaped disciplinary debate in nursing scholarship (Thorne, Henderson, McPherson, & Pesut, 2004). For example, early theorizing in the discipline characterized nursing science and nursing ethics as distinct domains, encouraging binaries such as nursing science and nursing ethics; fact and value; science and philosophy, or empirical evidence and moral good. However, nursing is now recognized as a moral practice, requiring the integration of scientific evidence with philosophical inquiry into values of moral good, giving mutual consideration to fact and value (Pesut & Johnson, 2013). The application of scientific knowledge in nursing practice cannot be separated from the moral implications of the nurse's enactment of that knowledge.

Participants in this study associated Integral Theory with the ability to purposefully try on different lens, and intentionally consider different perspectives. This suggests a willingness or desire by study participants to enact, or move toward enacting,

values associated with pluralism. Underpinning pluralism are assumptions that both the knowing subject, and the world the subject seeks to know are historically and contextually situated, thereby shaping the knowing self's view of the world. As part of the world, not separate from it, the knowing subject is both "a product and performance of that which it seeks to know and represent" (Wilber, 2000b, p. 96), constructing and interpreting the world through living.

Study findings indicate that participants located themselves, through the left upper quadrant, as knowing, reflecting subjects in nursing contexts, both influencing and influenced by the world around them. This suggests that enacting or living Integral Theory as an active performance of the territory mapped by the four quadrants (Wilber, 2000b), can allow for interpretation and context as part of the fabric of nurses' knowing. From this place, nurses may draw upon representational forms of knowledge that are highly valued in western health care in a manner that is responsive to the unique contexts of those receiving nursing care.

Knowledge generated through the representational paradigm, where knowing subject is considered separate from the pre-given objective world one seeks to know, is thereby not precluded, but contextualized (Wilber, 2000b). Although participants in this research study valued the self-reflective aspect of Integral Theory, findings also pointed to the possibility of taking up Integral Theory as a categorization scheme. If Integral Theory is taken up by an external knowing subject, as a representational map, or categorization scheme, the social and historical influence of the knowing subject on what (or who) it seeks to know is, as Wilber (2000b) suggests left out. In relation to Integral Theory, Stein (2008) points out "ethical and pragmatic reasons for wedding

developmental research to educational efforts” (p. 16), citing developmental differences in understanding quadrants and levels as a way to rank people for various purposes, or as progressively more refined understandings that aim to promote human development. Within the discipline, it behooves nursing scholars, educators and practitioners to be aware of ways in which Integral Theory might be taken up as a categorization or ranking scheme that may not be consistent with disciplinary values (or the intent of Integral Theory), while simultaneously holding the possibility of moving the discipline toward a more integral perspective.

### **Final Considerations**

It has been the intent of this dissertation to initiate generative dialogue and critical examination among nursing scholars about the introduction of Integral Theory into the discipline of nursing. An undertaking of this breadth will unavoidably raise questions and issues that are left unaddressed, yet warrant thoughtful consideration by nursing scholars. Questions related to the nature of holism in nursing (Clark, 2012, Stiles, 2011), differences between holonic and unitary conceptions of human beings (Jarrin, 2007, 2012), and different perspectives on consciousness within nursing put forth by Newman (2008) and Watson (1999, 2005) in relation to Wilber (2006) are relevant topics that require considerable examination by nursing scholars. These are legitimate issues that have not been addressed in this dissertation.

A metatheoretical approach to Integral Theory would preserve the theoretical and philosophical underpinnings of nursing knowledge generated from different ontological and epistemological perspectives, without subsuming one form of knowledge over another. One issue requiring closer examination in scholarship on integral nursing

involves clarification of consistencies and divergences among unitary and integral worldviews. Jarrin's (2007, 2012) scholarship resides at the interface of Integral Theory and unitary-caring perspectives in Nursing, and acknowledges tensions between holonic (whole-part) and unitary (irreducible) worldviews that have not been addressed in this dissertation. In a similar vein, the idea that Integral Theory's levels *transcend and include* has been applied to the evolution of nursing knowledge by Newman (2002) and has been cited by others (Cowling, 2007; Cowling, Smith, & Watson, 2008). Newman proposed a progression in nursing knowledge "from parts to pattern" (p. 2) with a unitary grasp of pattern representing a higher form of knowledge. However Stiles (2011) critiques this as a perspective of simple holism, proposing an evolution to complex holism in nursing that recognizes and integrates irreducible modes of perception associated with different worldviews in nursing. Further examination of the metatheoretical approach to Integral Theory proposed in this dissertation is required in relation to these issues.

The primary focus of this dissertation on Integral Theory's AQAL matrix, to the exclusion of other insightful aspects of Wilber's theorizing, is an additional limitation of this dissertation. For example, the Wilber-Coombs Lattice, pre-trans fallacy, and the Three Eyes (Wilber, 2006), to name a few, offer additional lenses from which fresh insights for the discipline emerge.

In conclusion, the future of Integral Theory in nursing is currently being shaped. The research conducted as part of this dissertation suggests the potential of Integral Theory as a heuristic for working with pluralism in nursing practice and education. Whether Integral Theory is embraced in nursing as a metatheory that accommodates pluralism in nursing remains to be seen. It has been the intent of this dissertation to

stimulate and contribute to scholarly discourse on Integral Theory in nursing and promote its use in a manner that embraces the diversity and richness of nursing scholarship in an integrated manner.

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### Appendix C: Literature on Wilber's Integral Theory in Nursing

Year	Authors	Source	Title	Focus on Integral Theory
2005	Baye, J.	www.drishti.com	Nursing in Canada with an Integral Framework	Introduction of Integral framework in Nursing in a Canadian Health Care context. Four quadrant approach for i) considering complex nursing issues in Canada; and ii) examining nursing theories from a four-quadrant perspective.
2006	Clark, C.	<i>International Journal for Human Caring</i>	An integral nursing education. Exploration of the Wilber quadrant model.	Application of Integral Theory in a BSN curriculum. Holarchical approach to emancipatory nursing education based on Integral Theory's four quadrants and levels. Emphasis on left quadrant self-inquiry for students and nurse educators.
2012	Clark, C.	<i>Holistic Nursing Practice</i>	Beyond holism: Incorporating an integral approach to support caring-healing-sustainable nursing practices.	An examination of holism and healing in nursing from the Integral Theory's AQAL perspective, with connections made to Dossey's TIN. Emphasis was placed on an all-quadrant, all level holonic view, for expanding from holism to integralism and supporting "caring-healing sustainable nursing practices". Implications for nursing education, practice and research discussed.

2013	Clark, C.	<i>Holistic Nursing Practice</i>	An integral nursing education experience: Outcomes from a BSN Reiki course.	Research article exploring educational outcomes of a Reiki course framed on Integral Theory's four quadrants and offered within an integral-holistic caring nursing curriculum. Patterns identified using a Unitary Appreciative Inquiry Process, suggest that Reiki course delivery within a broader four quadrant curriculum framework, facilitated an emerging life pattern process of personal development and self care, that supported caring-healing nursing practice in all four quadrants.
2013	Clark, C.	<i>International Journal for Human Caring</i>	An integral-caring-science RN-BS nursing curriculum: Outcomes from fostering consciousness evolution.	Discussion of outcomes of an integral caring-holistic-science curriculum aimed at supporting student self-care and their caring-healing practices with others. Discussion is framed within the context of stress management, psychoneuroimmunology, and the ethical obligation of educators to support students entering a stressful profession to develop self-care practices. Recommendations are offered for implementing curriculum changes that support student and faculty caring-healing practices, including strategies for navigating institutional barriers.

2013	Clark, C. & Pelicci	<i>International Journal for Human Caring</i>	An integral nursing education: A stress management and life balance course.	An examination of student experiences in an online <i>Life Balance and Stress Management Course</i> developed as part of a “holistic transformative learning program” (p. 16) at the California Institute of Integral Studies. Implications for integral nursing educational experiences were discussed, including: i) the moral obligation of educators to support students to develop self-care abilities to sustain the capacity to care for others; and ii) a commitment to self-care, personal development and professional among educators to facilitate educational strategies among students that are consistent with self-development and transformative education.
2008	Dossey, B. M.	<i>Advances in Nursing Science</i>	Theory of integral nursing.	Introduction of Dossey’s Theory of Integral Nursing as a grand theory in nursing, based on Wilber’s 4 quadrant model. The four quadrants and AQAL were presented alongside nursing’s metaparadigm concepts and ways of knowing, and the concept of healing.
2013	Dossey, B. M.	<i>Holistic nursing: A handbook for practice</i> (5th ed.)	Chapter 1: Nursing: Integral, integrative, and holistic – Local to global.	This chapter and book provided a broader context in which to interpret and apply the Theory of Integral Nursing.

2003	Fiandt, K., Forman, J, Erickson Jegel, M, Pakieser, R.A., & Burge, S.	<i>Nursing Outlook</i>	Integral nursing: An emerging framework for engaging the evolution of the profession.	On overview of Integral Theory as a framework for integrating nursing scholarship and practice, and promoting transdisciplinary dialogue. Emphasis is placed on discussion of Spiral Dynamics value memes (based on the work of Clare Graves), and their usefulness in recognizing and navigating conflicting worldviews and values in nursing and health care.
2004	Gray, P.	<i>The Journal of Theory Construction and Testing</i>	A theory of healing in internalized HIV-related stigma.	Description of an integral approach to intervention aimed at facilitating healing related to HIV-related stigma. Emphasizing a holonic view of the individual in context, a multi-modal approach was proposed, focusing on the individual and collective, as well as the body, mind, and spirit. Stigma was described as culturally constructed and socially maintained, while the experience of stigma and its impact on the immune system was related to the upper quadrants.
2007	Jarrin, O.	<i>Journal of Integral Theory and Practice</i>	An integral philosophy and definition of nursing.	Introduction of a unifying meta-theory and definition of nursing as situated caring based on AQAL. An integral conceptualization of caring was presented, suggesting connections

				between each of the five AQAL components and the Rogers' Principles of Homeodynamics. Implications for addressing fragmentation in nursing and promoting communication with other professions and the public are discussed.
2012	Jarrin, O.	<i>Advances in Nursing Science</i>	The integrality of situated caring in nursing and environment.	An integral philosophical inquiry conducted from a unitary-transformative-caring perspective, examining Rogers' concept of integrality in relation the metaparadigm concepts of person, nursing, environment and health. The unitary person as holon is proposed, with interior and exterior influences at individual and collective levels.
2003	Quinn, J., Smith, M., Ritenbau gh, C., Swanson, & Watson, J.	<i>Alternative Therapies in Health and Medicine</i>	Research guidelines for assessing the impact of healing relationship in clinical nursing	A four quadrant approach for researching healing relationships in nursing was proposed.
2014	Shea, L. & Frisch, N.C.	<i>Holistic Nursing Practice</i>	Application of Integral Theory in holistic nursing practice.	An illustration of Integral Theory's utility as a metatheoretical framework supporting holistic nursing practice. A case example demonstrates application of five AQAL components in clinical nursing practice.

2005	Watson, J.	Caring Science as Sacred Science (Book)	A view of caring science from an all-quadrant, all-level perspective bringing together the empirical and the ontological-ethical aspects of human relationships in nursing practice. An Ontological Mandela of Caring Science (p. 111) offers an embodied perspective of the four quadrants, emphasizing the need for personal practices to support the embodiment of a relational-ethical ontology in nursing.
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