

Intuitive knowing as a dimension of nursing

Material gathered in a qualitative study of seven holistic nurses' perceptions of holistic nursing suggests that nonrational, intuitive knowing is a dimension of the state of the art in nursing. This dimension resonates with emerging theory in nursing and other sciences. Intuitive knowing is an aspect of the pattern of personal knowledge and as such may be found credible through reflection and actualization by individual nurses.

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HOLISTIC NURSES have described the use of a nonrational, intuitive way of knowing in their practice that may contribute to change in the state of the art in nursing theory and practice. A key theme that emerged from my inquiry into holistic nurses' perceptions of the phenomenon of holistic nursing is a feeling or sensing level of knowing described as intuitive, psychic, subconscious, or instinctual. This way of knowing resonates with emerging theory in nursing¹⁻⁴ and in other sciences, such as medicine,^{5,6} physics,^{7,8} and biology.^{9,10} It fits with the pattern of personal knowledge in nursing identified by Carper² and further described by Chinn and Jacobs.³

In the study on which this article is based, I asked "How do holistic nurses perceive holistic nursing?" I asked this question with the intent of increasing my understanding of this phenomenon to develop my potential as a holistic nurse and contribute to the explication of holis-

tic nursing to other nurses. I also sought to contribute to the development of holistic methods in nursing research.

PRACTICING NURSES AS SOURCES FOR THEORY DEVELOPMENT

The question was derived from my personal and professional interests and was congruent with Silva and Rothbart's perspective, which encourages "careful study of the actual practices, belief systems, and external factors influencing a community of scientists."^{11(p11)} They suggest that

data for nursing theory development and testing will include the common practices of nurse clinicians, the social and psychological factors affecting the profession of nursing, the widely held beliefs of the community of nurses, and the reasoning patterns of individual nurse theorists. A result of integrating these data will be a nursing theory that more explicitly addresses the human dimensions of nursing and the practitioners of nursing.^{11(p11)}

Silva and Rothbart's vision of the progress of nursing science includes a clear assertion that "the nurse clinician should be highly valued as an integral part of the process of nursing theory development and testing."^{11(p12)}

Kuhn's thinking on scientific change, which he has described as "deeply sociological,"^{12(pxx)} was also influential. Kuhn has insisted that "scientific knowledge is intrinsically a *group* product and neither its peculiar efficacy nor the manner in which it develops will be understood without reference to the special nature of the groups that produce it."^{12(pxx)}

The science of nursing must be viewed from this perspective. Nurses provide care

to others; thus, nursing is very much a science that is practiced. This is emphasized by the use of an active verb, nursing, to name it while all other sciences are named with nouns. Most nurses are women, so nursing is unique in that it is a women's science while all the others are viewed primarily as men's sciences. Because of its unique characteristics, nursing has great potential to transcend an essential difficulty highlighted by Chinn.¹³ She has written that "a fundamental issue that is lacking in most critiques of the scientific method is recognition that science is based on a male world view and that the myths sustained by this partial world view have perpetuated erroneous knowledge about the world."^{13(p43)}

Kuhn has suggested that communities of scientists be described not in terms of a paradigm but rather "with the phrase disciplinary matrix—'disciplinary' because it is the common possession of the practitioners of a professional discipline and 'matrix' because it is composed of ordered elements of various sorts, each requiring further specification."^{12(p297)} Looking at nursing as a disciplinary matrix allows further dimensions to be added to the science of nursing. It can then be acknowledged and appreciated that "when we, as nurses, enter a nursing practice situation, we bring knowledge from our life-long learning experiences as well as the structure knowledge of the discipline that we have learned through education and training."^{3(p2)}

PERSON, PROBLEM, AND METHOD

As an individual contribution to nursing practice, this study was framed by Ellis's

assertion that "discovery is individualistic; it can be serendipitous; it is a function of mind set, interest, opportunity, personality, happenstance, and creativity."^{14(px)} My research approach derived from sociologist Shulamit Reinharz's model of experiential analysis, which emphasizes

the importance of seeing a research project as a challenge on three fronts—to understand the substantive problem studied, to allow personal change to occur at least in the researcher, and to create methodological innovation because of the unique features of each project.^{15(pxi)}

I used her model in that I focused attention on person (my development as a researcher, holistic nurse, and human being), question, and method. This process involved looking both inward and outward at the same time because "the researcher is not elite or aloof but becomes the subject of his own investigations."^{15(p354)}

The research approach emphasized openness because "only if we abandon our desire to control research will we discover what is really there, because what we see will be presented to us rather than what we have created through our control."^{15(p357)} This "nursing-appropriate methodology"^{16(p59)} also emphasizes the researcher as instrument. Newman has compared nurses with social scientists in their common discovery "that the methods of traditional science may not be sufficient for their needs."^{16(p69)} She has suggested that nurse researchers use "the most sensitive of all instruments to measure another human being—ourselves."^{16(p70)} Reinharz has written that the instrument is "the experiencing *self* in its observing, interacting, acting, and sensing."^{15(p354)}

EXPERIENTIAL SYNTHESIS

In concert with Jan Smuts's original concept of holism as the natural tendency "towards the creation of wholes in the universe"^{17(p86)} and with an interest in contributing to the development of holistic approaches to research, I adapted Reinharz's model into a process I called experiential synthesis.¹⁸ Rather than using analysis, which connoted reduction, I chose to build and expand on the question by keeping the material collected as whole as possible and by looking at it from a variety of perspectives.

In this study, I interviewed seven registered nurses who were either members of the American Holistic Nurses' Association or a holistic health network, or recommended by another of those interviewed. The interviews were open-ended, 85 minutes to 135 minutes in length, and audiotaped. I carried out a continuous process of interview, recording field notes and personal notes, transcription, coding, reflection, pattern seeking, and literature review. Each aspect of this process informed the next and added to the whole.

In this research, I sought diversity of background in those I interviewed, rather than a large sample. I found representation of themes, not of a population. Fictional names are used in discussing those nurses interviewed.

I described the material collected from four different perspectives. The first perspective was the collective characteristics of the seven nurses interviewed. They were six women and one man, aged 33 years to 44 years, with diverse educational, practice, and personal backgrounds.¹⁸ I then related one special experience (personal crisis or

turning point) from the lives of each of those interviewed and an example from each of their nursing practices.¹⁸ From another perspective, I compared the views and experience of two particular nurses with very different backgrounds. These nurses had each been recommended as participants by other nurses I had interviewed. One of the nurses was a master's-prepared gynecological nurse practitioner in private practice; the other was a diploma-prepared psychiatric nurse employed in a veterans' institution.¹⁸

A fourth perspective, called consciousness, is a description of the themes that emerged from the interviews. Reflecting the individual and collective consciousness of those interviewed, these themes were a critique of the medicine and industry context in which nursing is practiced; responsibility as it relates to health and healing; connection between human beings and with something greater; and a nonrational, intuitive way of knowing.¹⁸

CONNECTION

This way of knowing was closely related to the notion of connection that came through in the words of the holistic nurses as connection between nurse and client, with a healing or spiritual source, and as part of a larger whole, such as field, humanity, or universe. Gail, one of those interviewed, described her use of Therapeutic Touch with a client as "really bonding," saying that a result of that experience, "you're always connected in some way."^{18(p54)} Connection was described by Judith, another holistic nurse, in terms of energy flow with the analogy of an electrical current. She said:

It's like I'm the battery into which they [clients] plug for re-charging and I'm plugged into the larger batteries so that I'm just an intermediate link. And then that individual who receives the healing energy uses it in whatever way it is most needed by their whole being.^{18(p58)}

Ruth said that we are all part of a large energy field and Charles said that we are all one. Mary emphasized "connectedness, oneness, whatever you want to call it."^{18(p57)}

INTUITIVE KNOWING

The theme of knowing in an intuitive, sensing, or psychic way relates to both interpersonal and universal/spiritual connection. This theme was derived from the holistic nurses' varied descriptions of the assessment of clients and of their understanding of the nature and source of this type of knowing.

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This knowing was referred to in a variety of ways by the holistic nurses interviewed as they spoke about their own practices. Gail described her use of Therapeutic Touch to assess veterans on a psychiatric ward. She said "you have a sense" and told of how she used Therapeutic Touch with a client's consent to supplement her interview with him. Instead of verifying the medical diagnosis of depression that had been consistent with her interview, the Therapeutic Touch assessment "stripped

his whole surface personality off" and revealed a serious substance abuse problem.^{18(p64)}

Judith talked about "opening myself up" and using "all antennae," which she described by saying, "I'm not sure what they are but I know that I sense. I'm working with someone and something just tells me to go to a certain area of the body. I sense where it is that I'm needed."^{18(p64)} She also used the term "intuition" in discussing this "sensing." Charles described his use of hands-on assessment of "balance" and used the term "intuitive." Karen told of a specific experience of feeling "attuned" and "picking up stuff" while working with other nurses in a therapeutic touch workshop.¹⁸

Ruthie referred to her ability to "look at their body energy," and described the process in the following way.

For me it's not a visual thing. I take it in with all of my senses. I feel it in my skin. You know, I sort of breathe it in. I mean I'm aware of it in a way that I can't say I look at a person. It's not like an aura that I see, this sort of shimmering thing around them. But I'm aware that energy needs to be moving in those centers evenly and if they're out of balance, then disease will happen.^{18(p64)}

She referred to this awareness as "a tool I can use, a part of the subconscious data base from which I make decisions about what's going on with a person."^{18(pp63-64)}

Describing what she sensed, she used the analogy of ice, steam, and water, alluding to a combination of motion and density that was, for her, an energy feeling. She mentioned two common human patterns of imbalance that she encountered in her practice as a gynecological nurse practitioner: (1) a focus of motion in the head

but not in the body and (2) an icelike compaction around a woman's pelvis.

Ruthie was most expansive in describing her use and understanding of this type of knowing. She said she has come to trust and use it in this way:

I get this information. It comes into my head. It's just bang, it's there—about clients. And for a long time I never knew what to do with it. And what I do with it now, is I tell them. I say, "I've got this idea so let me lay it out to you but you decide whether it fits or not." And then I lay it out to them and nine times out of ten, it's right on. I never want to be in a position of being the kind of psychic that tells you about yourself, but to use that knowing in a way that helps people see things that they might not see. That then encourages them to take that information and to do with it whatever they want.^{18(p65)}

Ruthie's understanding of this knowing includes the idea that "a lot of what we consider to be psychic knowledge is subconscious knowing, is that we're taking in information that we're not aware of consciously because we're taught not to pay attention to that, but we know."^{18(pp65-66)} Her anatomical images of this knowing add further dimension to the description.

For me it's a physical sensation. I have two kinds of knowing. I have the knowing that comes out of my head that is subject to conscious awareness. And I have the knowing that, for me, comes out of my heart which is where I feel it—or maybe my solar plexus, that sort of torso—that comes out of what I consider to be subconscious information, information that I'm taking in that I'm not aware I'm even taking in and it comes out that way. And whether that's information from the cosmos which is what the psychics believe or whether its subconscious information, information that's right between you and me when we're

talking, I can't tell you. I don't know. I don't need to know."^{18(p66)}

Ruthie said she believed that this knowing was something all people have and need to find in themselves. She said in many ways the various techniques used in alternative health care were just ways that a person got in touch with that knowing and could share it with people.

Charles used the terms "intuitive zone," "subconscious," and "universal area of energy" in describing his use of this knowing. Like Ruthie, he said that such knowing is available to everyone. He said, "You're there all the time anyway. It's just that you never bothered focusing there."^{18(p67)} Karen's view was consistent with Charles's. She said:

Everyone can do it. Everyone has the ability to feel or do energy fields or whatever, if they want to do it. And it's just getting in tune with the other person, just letting yourself . . . letting your energy fields meld and you just know what to do. You don't *know* consciously. You know on a subconscious or energy level or something.^{18(pp68-69)}

She referred to the good feeling of knowing in this way and said, "It's not anything up here," pointing to her head.

A GREATER WHOLE

In a later comment, Karen touched on a notion that relates to a source of knowing, collective consciousness, a connection with a whole, and the nature of a field. It resonates with the views of others interviewed and with developing theory in other sciences. She said: "Subconsciously we all know everything. You know, we're all going to know everything again when

we die. It's just you forget it when you're born into this particular dimension. It's just trying to get in touch with what we already know."^{18(pp69-70)} Ruthie had a congruent view.

I think that the biggest disease in this country right now is that we are looking out here [extends arm] for something that we only find in here [points to her chest]. That knowing that people call psychic isn't psychic. It's something that we all have and that we don't use. It's a tool that we ignore. We really need to find that in all of us.^{18(p70)}

Combining this perspective of inner knowledge with the awareness of connection between people and with the universe, there is a suggestion of a sort of collective unconscious or a common knowing. Both Gail and Charles made enthusiastic references to the ideas of Rupert Sheldrake,⁹ a biochemist who has hypothesized the existence of morphogenetic fields, nonmaterial organizing structures that guide the evolution of a species through a process of formative causation. Through communication unhindered by ordinary space and time considerations, a morphogenetic field both affects and is affected by an individual's thought or action. Such fields are influenced by the input of individuals whether in thought or action, and are similar to the notion of a collective unconscious. A central part of Sheldrake's thinking is the concept of morphic resonance, which allows for nonlocal, nonmechanical, subatomic connection. That morphogenetic fields might influence the behavior pattern of organisms "in the absence of any known type of physical connection or communication"^{10(p14)} is an intriguing idea.

The intuitive knowing described by

these holistic nurses resonates with Shel-drake's view. Furthermore, this intuitive knowing may be understood through physicist David Bohm's model of the universe as an enfolded or implicate order that is whole and outside of time and an unfolded or explicate order that is reflected in the materialist view of reality.⁸ The difficulty of using this model is emphasized in Bohm's own question, "How are we to think coherently of a single, unbroken, flowing, actuality of existence as a whole, containing both thought (consciousness) and external reality as we experience it?"^{8(px)} Physicist Fritjof Capra has contributed to public understanding of the parallels between modern quantum physics and oriental mysticism. He has written of intuition's role in scientific research and concluded that "both the dancing god and the physical theory are creations of the mind: models to describe their author's intuition of reality."^{7(p31)}

In addition to biology and physics, medicine is contributing to the environment of expanding human awareness in the sciences. One notable contribution is from neurosurgeon Karl Pribram,^{5(pp177-187)} whose notion of the brain as hologram is suggestive of sources of knowing "out of some other dimension."^{5(p186)} Internist Larry Dossey in his book *Time, Space, and Medicine* draws on multiple modern scientific theories. Of science, he says, "It is likely that we shall never henceforth be able to legitimately regard science as the queen of the intellect, for the traditional scientific view of the world has been scuttled in favor of a view that *cannot be comprehended by rational thought*."^{6(p200)} That view is of the unity of the universe.

CONSCIOUSNESS IN NURSING

Practicing nurses, researchers, and theorists are expanding nursing's knowledge base in relation to intuitive knowing. Benner and Tanner have studied the use of intuition by expert nurses, recognizing a process of synthesis rather than analysis in intuition and describing the current mistake of devaluing intuitive judgment. Dossey has suggested that "the preeminence of consciousness" be asserted in descriptions of holistic nursing.¹⁹ Newman has described health as "the expansion of consciousness"^{1(p58)} and has written that "there is more to knowing than that which we obtain by rational, analytic methods."^{1(p70)} Swanson-Kauffman has advocated the use of intuition in nursing research.¹⁶

All of these ideas, the statements of the holistic nurses in this study, and emerging theory in other sciences, as well as my own intellectual and intuitive sense, lead me to suggest that further study, description, and theory development related to intuitive knowing among holistic nurses could contribute to the state of the art in nursing. Further study might include collection of material on the same question from a larger sample of individual holistic nurses, gathering of audiotaped material from a focused group or groups of these or other holistic nurses, and in-depth interviews of clients of holistic nurses on their perceptions of holistic nursing.

INTUITIVE KNOWING AS PERSONAL KNOWLEDGE

Carper has described four patterns of knowing in nursing—ethical, esthetic, per-

sonal, and empirical.² The empirical pattern has been a dominant one in our society and in the discipline of nursing. Chinn and Jacobs have asserted that "once the methods of all patterns of knowing are recognized as legitimate methods of developing new knowledge, what is known or understood will change and expand significantly."^{3(p21)}

Intuitive knowing is a form or dimension of the pattern of personal knowledge Carper has identified.² Furthermore, the value and usefulness of intuitive knowing will be determined by individual nurses through a process described by Chinn and Jacobs. They say that personal knowledge involves

experiencing, centering, and realizing, and is expressed through the authentic self. Credibility of this type of knowing is determined through individual reflection that is informed by the responses of others. As nurses reflect on intuitive knowing, they will individually and collectively come to know its value and usefulness and express it through themselves. The descriptions of intuitive knowing offered by holistic nurses in this study and my experience of the authentic selves they expressed suggest that intuitive knowing will expand and change knowledge in nursing and will be a dimension of the state of the art.

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