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Balancing in Moments of Vulnerability While Dancing the Dialectic

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Questions about the existence of horizontal violence and the forms it takes dominate the literature. To move the dialogue forward, this article proffers the thesis that it is through a deeper understanding of moments of vulnerability and adult epistemological development that we may best alter the occurrence and continuance of horizontal violence in the nursing profession. The constructive development tradition has laid important groundwork for considering moments of vulnerability wherein which horizontal violence may begin and be perpetuated and explains how it has become so pervasive in the nursing field. New solutions are proposed and directions for further inquiry suggested. **Key words:** *constructive development theory*, *dialectical reasoning*, *horizontal violence*, *nursing education*, *vulnerability*

As a young child, I was elated when a pair of hamsters became a family. The next day, I was devastated to learn that leaving them together in the same space resulted in the death of several new babies, as they were eaten by one of the adults.

AS DISTRESSING AS this primitive behavior is in hamsters, it is no less disturbing to know that the behavior commonly referred to as "eating their young," especially when they are most vulnerable, occurs in the nursing profession and has been occurring for nearly a century.[1,2] Nursing students experience a process of socialization to the profession while in formal educational environments where nursing faculty assume responsibility for the process.[3] This process may be revisited when nurses return to school for additional education. What is implicit to this claim of responsibility to socialize and resocialize students into the profession is a hidden curriculum aimed at conformity and control, and it sets up dynamics, which pervade and thwart the profession.[4] A hidden curriculum includes implicit teaching and learning, which takes place alongside what is explicit in a curriculum and contributes to the social and cultural reproduction of roles.[5] Such learning may be beneficial, or it may be very harmful. Many authors refer to the constellation of harmful actions taken and those not taken in the name of socialization as horizontal violence, which instead serves to reinforce and perpetuate authority and status within a profession whose professed and assumed role in society is caring. Many researchers focus on questions about the existence of horizontal violence and the forms that it may take. This body of literature characterizes horizontal violence in a variety of ways, such as criticism; sabotage; undermining; infighting; scapegoating; bullying; intimidation[6]; aggressiveness; destructive, demeaning, and hostile behavior; covert and overt psychological harassment[7,8]; a lack of respect for privacy and confidentiality; a lack of openness; and the withholding of support.[9] All exist in toxic environments. When such actions occur between faculty and nursing students or faculty at different ranks,

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it may be referred to as vertical violence. To date, formal accrediting bodies have not taken a stance on such violence in nursing education.[10] To move the dialogue forward, this article proffers the thesis that it is through a deeper understanding of moments of vulnerability and adult epistemological development that faculty may best begin to alter the occurrence and continuance of horizontal violence in the profession.

CONSTRUCTIVE DEVELOPMENT THEORY

Origins of the constructive development theoretical tradition lie with philosopher and educator, Dewey,[11-13] along with Perry and his ground-breaking work[14] and others. This tradition holds that humans actively construct their perspectives by interpreting and making sense of their experiences. These constructions form meaning-making structures, which become more complex over time; however, some experiences are miseducative, as they may arrest and distort future constructions and development.[11] Historically, this constructive development tradition is exemplified by scholarship on experience, education, uncertainty about knowledge, and reflective thinking[11-13]; research on college students' meaning making, and intellectual and ethical development[14]; and work on the evolution of human development and self-authorship.[15,16] The tradition also includes research focused on women's epistemological perspectives[17]; how women deal with uncertainty, as they construct their identity[18]; college students' epistemological reflection[19]; the development of reflective judgment[20]; nursing students' uncertainty experiences and epistemological perspectives[21]; and intellectual safety, moral atmosphere, and epistemology.[22] The constructive development view of learning incorporates two perspectives: (1) that students organize and make meaning of their lived experiences and (2) that they do so within the context of their evolving assumptions about knowledge.[15,19] Some constructive development theorists consider the aim of education to be promoting growth in the way students make meaning.[15,19] This body of literature emphasizes student experience as the foundation for learning, supports employing educational approaches based on the ways the students make meaning, and promotes the goal of "self-authorship."[19(p6)] In short, "self-authorship" is a way of making meaning of the world and oneself. The constructive development tradition has laid important groundwork for considering moments of vulnerability in nursing education, in which horizontal violence may begin and can be perpetuated over time, and help to explain how it has become so pervasive in nursing. This tradition suggests important ways for how to transform the nursing profession and its culture.

VULNERABILITY

In previous research[21] with a cross-section of students at baccalaureate, master's and doctoral nursing education levels' students unanimously disclose in a variety of ways what they perceive to be vulnerability. Vulnerability is often experienced in the face of interactions with and evaluation by powerful authorities and others. For these students, such authorities and powerful others include nursing and nonnursing faculty, nurse and physician preceptors, and thesis committee members, among others. This sample of 28 students, all women, believe that revealing uncertainty, especially about knowledge and themselves, and revealing emotion make one more vulnerable to evaluation, which could ultimately jeopardize or halt one's chosen career. The evidence suggests to positively address this situation nursing education must become what Kegan[15] calls a "holding environment," a place or space "that accepts students as they currently are, yet invites them to grow."[23(p98)] This is easy to say and hard to do, as these students all attest.

Uncertainty is inherent in nursing as it is in other professions. Recognizing and managing uncertainty, especially about knowledge, is essential for developing nursing

expertise; yet, uncertainty is not adequately addressed in nursing education.[21] Recognizing and managing emotion when one is faced with uncertainty is also necessary for developing nursing expertise; yet, the expression of emotion is at times discounted by others or concealed from others during nursing education.[21] Students' level of epistemological development can make them "vulnerable to" and "subject to socialization" to a discourse community[16(p288,289)]; this increases their vulnerability to horizontal and vertical violence. Another contributing element is faculty epistemic view of students. Students feel more vulnerable when faculty and others view them as wards "who must be watched over" and policed "for their own good"[16(p288)] and that of others.[21(p19)] Kegan[16(p289)] claims that socialization processes focus on training rather than education and "changes in learning rather than changes in knowing." Another contributing factor is when nursing faculty cling to a traditional behavioral and objectivist approach to education; this reinforces students' earlier assumptions about knowledge in a protracted way.[21] This approach neither acknowledges uncertainty nor does it nurture a sense of freedom to be uncertain. Such experiences of vulnerability and its aftermath in the face of evaluation pervade the field of nursing. Students experience vulnerability in nursing classrooms and diverse practice settings; these experiences are reinforced by faculty who believe that they must watch over students, because that is how faculty are socialized. If this view is reinforced every time nursing graduates return to school, they are repeatedly subjected to socialization through the same practices. By not taking into account students' views and experiences and how they approach learning and making meaning of the world and themselves, nurse educators and nursing education foreclose on uncertainty and student development.[21] Praxis in nursing education must become the holding environment wherein faculty, students, and nurses are all accepted as they are, and invited to grow.

HOLDING ENVIRONMENT

Kegan[15] refers to a "holding environment" as a culture of embeddedness and claims at various points throughout life that people become embedded in the psychological surround of the cultures and environments, wherein they find themselves. These environments can be educational and employment related. Benner et al[24] describe nursing students as being socially embedded in learning situations. These authors use somewhat different language; however, they refer to similar phenomena.

What is often explicit to nursing programs is the expectation that students will develop a skill of involvement and use this ability in therapeutic interactions with others. Yet, trust, close involvement with others, and openness to unfolding and emerging situations are difficult for faculty to teach and model. Benner et al[24] assert that nurse educators find it much easier to teach distancing, disengaged reasoning, and critical thinking rather than engagement with others, openness to learning, and openness to others' perspectives. The difficulties that faculty have and their emphasis in the classroom and in interactions with students and others are grounded in beliefs about what it means to teach, assumptions about knowledge, about who can be a knower, and how one becomes a knower. As a result, many faculty approach education the way they were taught, and they do so primarily because it is what they know. When faculty approach education in ways that repeatedly nurture student beliefs about faculty as the all-knowing authority, in turn, it feeds into a view of student as silent knower or at best of student as received knower.[17,21]

Faculty who are uncomfortable with being viewed as not knowing, interact with students and each other, while wearing false masks of certainty and truth. This perpetuates a myth of what it means to be an authority. Some master's- and doctoral-prepared nursing faculty state that they would never admit not knowing something to students, because

doing so would undermine their credibility with them.[21] Faculty believe that 1 sure way to keep up this façade is to lecture and focus on knowledge that the faculty member has organized rather than on what students know.[11] From this perspective, students are viewed as empty vessels or receptacles in need of filling; some faculty even describe using a funneling method to pour knowledge into students. Shor and Freire[25] and Shor[26] call this banking education wherein faculty deposit knowledge into students as they move through their educational programs. Another major element of the traditional objectivist approach to education is its adversarial nature. It sets up the academic (doubting) game between faculty and students, excludes emotion and personal beliefs, and includes an underlying assumption of doubt about the student as a knower.[17] This approach often nurtures fear, silence, and passive-aggressive behavior in students. Faculty relying on traditional lecture claim that it is the most efficient and effective way to deliver content and do so without mistake, which ensures the transfer of official (fixed) knowledge, which faculty believe students should know. Such an approach treats content as dogma and does not nurture a sense of wonder and possibility about knowledge and its tentativeness. This approach ignores or calls into question students' perspectives of the world. Students develop the misguided belief that they can and will learn all that they need to know from faculty/authority; a belief that perpetuates false premises about knowledge.

On the basis of extensive research evidence the ways students approach education, learning and interacting with others in classrooms are influenced by their epistemological perspectives on the world.[14,17,20-23] So, too, are faculty approaches influenced by their epistemological perspectives on the world. Both faculty and student perspectives are based on sets of assumptions and expectations about the nature, limits, and certainty of knowledge, about who can be a knower and an authority on knowledge and about what counts as knowledge. Clearly, epistemological perspectives influence how faculty and students approach interactions with others in educational environments. This is of significant import to a profession like nursing, which involves and depends on interactions with others.[21]

Nursing education is a moral endeavor, as is nursing practice. The endeavor is "to meet others morally."[27(p171)] A premise of this article is the skill of involvement[24] we so keenly desire students to display with others is no different than how faculty should approach teaching and interactions with students and with other faculty. Faculty can connect with students by entering their perspectives on the world and discovering who they are. During these interactions, faculty can model the skill of involvement through their perceptual acuity; they can engage students by receiving them openly and without judgment; and they can become attuned to emotions that students experience in the moment. Faculty comporting themselves ethically means meeting students morally. Such interactions with students and each other are no less important in nursing education than they are in nursing practice with clients. To do otherwise has potential to cause tremendous harm to students and to each other, harm that spills over into nursing practice.

Ethical comportment by faculty is important; it is, however, only a part of what is essential when interacting with others in the moments of vulnerability. I believe that the moral imperative in nursing education is to alleviate the vulnerability associated with uncertainty about knowledge and uncertainty during evaluation. It is to eliminate neither uncertainty nor evaluation. This may seem an infinitesimal distinction; yet, it is no small feat. Gadow[28(pp6,7)] defines care as "the alleviation of vulnerability" and proposes a "covenant of care" for nursing practice based on a "commitment to alleviating another's vulnerability" in the times of need. By accepting this premise, caring interactions in nursing education would require faculty to

attend to moments of vulnerability during interactions with students and each other. According to Noddings, caring requires recognition of the "affect—or subjective experience of others"[27(p4)] and requires the creation and maintenance of conditions that permit caring. In this sense, to care is to help another to grow/develop, "the first aim of . . . education."[27(p172)] Wade and Kasper[29] claim that faculty and student interactions are reciprocal and mutual and that the nature of caring is revealed in the ways of being between faculty and students. However, I contend that interactions between faculty and students are neither entirely mutual and reciprocal nor can they be, and they go beyond the ways of being to include the ways of knowing. The ways in which students and faculty enter into a relationship, connect, and make meanings during their interactions may be different[21] and may differ greatly because of their complexity of mind.[30]

Reciprocity requires a commitment on the part of both faculty and students to care and to be cared for.[27] Faculty exhibit care in interactions with students and others when these interactions are directed toward preserving, protecting, and enhancing the "cared for."[27(p66)] It may be that students are not able to receive faculty in the same way in their role as students when they are caught up in and encouraged to view faculty as the authority on knowledge and themselves as silent or received knowers or as contenders in a contest that position students and faculty against each other. Noddings[27] suggests that these are "unequal meetings" between faculty and students, the very nature of which can get in the way of reciprocity. Faculty are authorized by institutions to teach; however, faculty must see from both their "own perspective and that of students" to teach and "to meet students" where they are and to meet their needs.[27(p67)] Therefore, it is important to take the developmental level of the student into account, whatever the level of nursing education may be.

Kegan[15] claims that the extent to which humans develop while moving from 1 holding environment (eg, nursing program and educational institution) to another (eg, nursing profession) depends on the holding environment and on how well it performs certain functions. In an effort to prepare students for the demands of the profession, we must wonder whether faculty is offering a holding environment, a culture of embeddedness, in which students and, indeed, faculty can grow and develop.

HORIZONTAL VIOLENCE AND NURSING CULTURE

There is evidence that horizontal violence has occurred in nursing for about 80 years and has become a cultural norm across institutional settings. Sadly, it is globally accepted and condoned behavior.[31,32] Those most subjected to horizontal violence may experience sleep problems, hypertension, low self-esteem, depression, withdrawal, disconnection from others, and even suicide.[33] Those who perpetrate horizontal violence believe that they are responsible for policing others to ensure that those who deviate will instead conform to the cultural norm.[34] In nursing education, the hidden curriculum is often perpetrated under the guise of socialization to the profession. It takes place predominantly through traditional teaching practices, which reinforce a view of faculty as all-knowing authority. It supports collusive behaviors and the repression of emotion that is necessary for the subjective construction of knowledge and the ability to take the perspective of others.[6,35] However, students' ability to become aware of such emotions could be facilitated by educators who role model ethical comportment and mindfulness and through dialogue with those who can model dialectical reasoning about ill-structured problems. The loss of members (both experienced and new) puts the nursing profession in jeopardy. Why does horizontal or vertical violence persist in a profession that claims caring as its core? In brief, it has to do with nursing culture, differences in complexity of mind, and

failure to take these into account in interactions with others.[11,27,30]

The culture of nursing is a system of beliefs that are communicated, shared, and learned over time through language, symbols, traditions, practices, and rituals. Cultural changes do occur in nursing, although some are slower to manifest than others. An example of a change that came rather rapidly is the shift from the white cap, stockings, shoes, and uniform of the 60s and 70s to clogs, colorful scrubs, and the stethoscope draped around the neck of the 80s and 90s. These are symbols that current undergraduate nursing students quickly adopt as the indicators of the profession they seek to join. Students describe how proud they feel wearing these symbols to class and clinical (oral communication with multiple students, 2010). Students want to become accepted members of the profession that they have chosen; they want to belong.[36] However, not all indicators of this field are as innocent, and by unquestioningly accepting all the values and norms of the chosen group, students may do so at great cost to themselves, the profession, and society. Freire[37] refers to the tendency to secretly admire and imitate behavior as noncritical acceptance of values and beliefs, whereas Okri[38] views this as aspiring to and adopting the dominant group's values, standards, and systems. Unfortunately, not all students are developmentally able to stand outside the culture of nursing and "to critically reflect on that into which" they are "being socialized."[16(p288)] All of them are neither able to question and evaluate the nursing culture nor are they able to emerge unscathed from their embeddedness, because to do so requires a postformal reasoning ability. Initially, this ability allows one to metaphorically stand outside a system and compare properties of systems with each other. This reasoning ability is one that most undergraduate and many graduate nursing students can neither initiate nor achieve on their own, as King and Kitchener's,[20] Saltzberg's,[21] and others' research demonstrates. As a result, students and faculty may unsuspectingly collaborate to perpetuate horizontal violence.

Nursing culture is also represented in language members' use, such as referring to recipients of care as patients, describing health concerns as human deficits, and labeling those who do not do what they are told as noncompliant. Such words frequently cross students' lips long before they complete their sophomore year. What is so powerful about language is that it can structure students' thought and experience.[21] Based on research evidence, we know that students hear very early in their education that nurses eat their young, and we know that students both witness and experience horizontal violence,[7,35,39] especially those most enthusiastic, who eagerly share their opinions, and who challenge others' previously held assumptions. This is true in nursing education for both students and faculty.

When discussing horizontal violence, some authors assert that nurses should care for each other the way they care for others.[40] This statement represents an oversimplification of a very complex phenomenon. Authors also allude to the person's developmental level as a contributing factor to horizontal violence without explicating how.[40,41] Attempts are made to connect horizontal violence with identity development without considering intellectual, moral, and self/identity domains and how dynamically they relate to each other. Based on prior research on nursing students' epistemological perspectives,[21] along with emerging longitudinal data on faculty-student interactions, horizontal violence and its perpetuation has a great deal to do with nursing culture, cultural production of the nurse/person, interaction of student and faculty epistemologies, and self/identity development and its construction and reconstruction over time. It has a great deal to do with complexity of mind.[30]

Exposure to horizontal and vertical violence in the profession begins in nursing education; in those very moments, students are most vulnerable during interactions with faculty—the authority, the powerful other. Such moments, when one is epistemologically vulnerable and one's intellectual

safety[22] is most at risk, require the ability to enter the hermeneutic circle, in all its intersubjectiveness,[42] an ability that many nursing students do not have.[21] Students are "thrown"[43(p33)] into interactions with faculty. Such interactions with faculty are contingent; they are not resolved once and for all, because they involve a "dialectical struggle with situations that call for competence, situations that call for . . . engagement," situations that call for a "concrete effort to speak with others."[43(p267)] The ability to accomplish "the reciprocity of inter-subjective understanding without obliterating" . . . "differences between human beings" is necessary in moments of epistemological vulnerability (when establishing a perspective or reconsidering a point of view) and ontological vulnerability (when one is authoring a self-identity). Yet, one must ask how can these moments be truly reciprocal between faculty and students. The word "reciprocal" connotes mutuality; however, students are at a distinct disadvantage in these moments precisely because of their epistemological perspective at the time, which includes their current assumptions about authority and knowledge. This may also be the case between faculty members.

Packer and Addison[43] claim that self-understanding emerges through dialogue and engagement with others who may think differently. Culture is perpetuated through what and how we teach, how we practice, through our research, and what we write. "It is in social space, in discourse, that identity and difference . . . are always under formation"[44(p6)]; it is through our dialogue and language that we create the person/nurse. It is dialectical reasoning about differences and conscious awareness of one's own and other's reasoning (epistemic cognition) and beliefs that are essential to reciprocal caring in these moments of interaction and vulnerability. All nursing students do not reason dialectically,[21] which is a finding consistent with research on reflective judgment,[20,21] mental complexity,[30] and wisdom.[35] Dialectical reasoning is a "nonlinear mode of thinking," which occurs in only a minority of people.[35(p298)] In a sample of 28 nursing students from multiple levels of education, only 1, a PhD student near the end of her program, could reason dialectically on her own and do so consistently across multiple ill-structured problems.[21]

When faculty face moments of interaction with students and each other that call for dialectical reasoning, they may neither recognize the need for it nor know how to apply a model of dialectical reasoning within the moment. Hence, they may not acknowledge differences and seek to understand them before responding in the moment. Instead, faculty may negate these differences, express doubt, fall into a mode of correction, and display cognitive rigidity, all of which repeatedly nurture the belief that one is increasingly vulnerable to evaluation. "Dialectical analyses provide alternatives to views . . . which are destructive to self and others"[45(p28)]; however, because of their own epistemic perspective at the time, those involved in interactions with others may neither be able to reason dialectically nor be able to apply a model of dialectical reasoning within a moment. An "uncritical, undialectical . . . thinker, will perceive the contradictions as threat"[45(p221)] to his/her own sense of self/identity as authority. Dialectical reasoners will seek out and perceive difference and contradictions; they will be open to and appreciate possibilities at the time and recognize their own responsibilities in this moment of self-in-relationship.[15] It is here that the dialectical reasoners will dwell with others in their moments of vulnerability[42] rather than fall into the comic tragedy of leaping in and taking over, as many educators so often do.[14,21] Instead, dialectical reasoners will give themselves up to a "counter-pointing of identities."[15(p106)]

What is most often promoted in nursing education is conformity to cultural norms, including those norms, which can be harmful and destructive, rather than respect for and the deliberate seeking out of difference. According to baccalaureate and master's nursing

students' perspectives, what are most often given privilege in classrooms are the faculty voices and their experiences and views of the world.[21] It is during such times when only certain views, whether of faculty or students,[21] are given privilege, or advantage, that other views may be completely ignored, deliberately discounted,[16] and marginalized,[41,46] making people feel like mere visitors within the environment.[16,21]

DANCING THE DIALECTIC

Dialectical reasoning acknowledges the dynamic nature of interactive relationships and events and nurtures openness to processes and the possibilities of change through the deliberate, seeking out of difference and contradiction essential for change.[45] Dialectical reasoning about divergent views supports achieving breakthroughs in previous ways of thinking through the consideration and comparison of multiple conflicting frames of reference or points of view. Making meaning of their experiences and dancing the dialectic with authorities during moments of vulnerability in a series of lifelong tensions[15] is in fact what nursing students are expected to do in their educational pursuits inside and outside the classrooms. Encountering multiple viewpoints presents an epistemological and ontological challenge for students, and as stated previously, these challenges are essential for change. Students may not be able to resolve the differences in conflicting viewpoints in an academic semester or year; however, they can attempt to do so. Faculty need to at least acknowledge that letting go of previous assumptions and ways of thinking can be painful for students; these changes are not simply about changes in cognitions—they require coordinating and integrating cognition and affect. Nursing students may describe this experience of change and letting go of previous views as loss and even the loss of the self that one has known.[21] Dialectical reasoning will not eliminate the pain, because part of embracing uncertainty about knowledge is accepting the discomfort that accompanies it.[35]

In these moments of challenge, students experience vulnerability, and it is during these moments that they are at the highest risk for horizontal or vertical violence. Some vulnerable moments that students disclose and meanings they make of clinical experiences during debriefing sessions with faculty and in reflective journals include the following anecdotes: (1) An undergraduate who makes her first home visit to a new mother living in poverty with twins becomes overwhelmed by the situation and forgets to do something; the baccalaureate-prepared nurse preceptor angrily chews out the student, then later explains to faculty "that's how I was treated in nursing school; they should be too"; (2) A direct-entry master's student about to assess a client hears her nurse preceptor say "you can't do that, you're just a student"; and (3) When emergency department triage is delegated to a direct-entry master's student with little previous nursing experience, it leaves the student "feeling vulnerable" despite being "eager to learn" and knowing that she is in need of "training." Other experiences of vulnerability in clinical settings include the following: (1) Every day a nurse preceptor tells a master's student at the end of shift "let me tell you what you did wrong" in your nursing care; and (2) Every time a direct-entry master's student asks a question, while seeking confirmation of being on the right track, is instead assaulted with a lecture filled with everything the nurse preceptor knows about the subject matter (oral communication with multiple students, 2009).

In research interviews about their educational experiences near the end of their program, undergraduate students describe these vulnerable moments: (1) When 1 student brings her child to class, because child care fell through at the last moment, the faculty tells them to leave saying that the student's priorities are elsewhere; the student leaves with her child never to return to the nursing school[21(p75)]; (2) Undergraduate students refer to their first day of clinical as "just

immediately thrown into the fire" without any preparation; and (3) Both traditional undergraduate students and registered nurses in a baccalaureate degree-completion program refer to nursing courses and nursing education as something to be "survived." Such comments imply that these situations significantly contradict "students' ways of knowing."[21(p130)]

In preliminary analysis of research interviews conducted early in their program, direct-entry master's students describe other vulnerable moments: (1) One student worried about the "loss of or change to her identity" because of nursing school. She knew her identity would "evolve in some way" and expressed "fear and anxiety" about the "unknown aspects of that identity change" and "what it was going to mean for herself and others"; and (2) A male student describes a "horrible" clinical rotation, because the instructor used very "disrespectful communication" . . . "treating us as if were in high school" the entire time. This student goes on to describe 2 professors who received horrible course evaluations in the previous semester and how they dealt with it. There were "two bad episodes; they confronted us with the evaluations during the first two weeks of school." "One of them was so bizarre" and the other "exhibited pain in a way I could feel . . . it was so stressful" (oral communication with multiple students, 2007).

Near the end of their programs, the following master's students, both women, had this to say in research interviews: (1) One refers to stringent rules, which make students feel as if they are in the third grade—"you couldn't eat anything in the classroom . . . when you've got people coming after a 12 hour shift to sit through a three hour class and they want to have a soda, what is the big deal?"[21(p90)]; and (2) Another student misses the first day of class, begs for an appointment with faculty, begs to change it when the weather turns bad, drives for hours on slippery roads in a snowstorm, and on arrival is told to go home. When questioned, the faculty member responds, "I just wanted to see if you would show up." This student believes her life was intentionally put at risk (oral communication with multiple students, 2009).

There are common elements across these students' experiences; they have to do with expectations and assumptions about what counts as knowledge, about who can be a knower, and about how one gets knowledge. The students' accounts of uncertainty and vulnerability to evaluation are disturbing. Their accounts include specific language and descriptions of assaults to their identity and subjectivity and recurring awareness of differences in knowledge, authority, position, and power. Students construct a world view of their experiences in nursing education. The baccalaureate-prepared nurse in home care very clearly described her perspective; she was victimized in nursing education, and she uses this past experience as justification to revisit the same violence on unsuspecting others during moments of vulnerability.

BALANCING IN MOMENTS OF VULNERABILITY

Nursing students, indeed college students at all levels, face challenges in the cognitive, affective, interpersonal, and intrapersonal domains. The epistemological paradox is that challenges in each of these domains are essential for students to develop in each domain.[15] Faculty reasoning dialectically can meet students in these intersubjective moments to provide necessary confirmation, and support, as students struggle with the challenges they face. Here, faculty can demonstrate care in teaching and knowing, through the alleviation of vulnerability, while assisting students to achieve some sense of balance.

Moments of interaction with students both surround and form spaces in-between interactions.[47] In these spaces and moments, there exists a dialectic of freedom, within which, faculty can make important connections with students' perspectives from their point of view. Faculty can become more aware of students' uncertainty and moments of vulnerability through connected teaching

approaches.[17] Connected teaching approaches align with students' experiences, acknowledge uncertainty, are dialogic, expose students to multiple perspectives, and raise students' consciousness about the world. At the end of her baccalaureate degree program, 1 registered nurse student shared what she learned and deemed very important to this discussion. "Uncertainty is not going to kill me" and "it is not going to go away" (oral communication with multiple students, 2009). Faculty need to remain cognizant that development takes time; it does not occur all at once and is not guaranteed to take place in a specific length of time. Moreover, faculty can offer students a holding environment, within which to grow and develop.[15] This requires faculty to enter the meaning making of the student, share in these moments of vulnerability, and make meaning with the student.

COMPLEXITY OF MIND

Kegan and Lahey[30] describe three levels of adult mental complexity and raise questions about the limitations of the current ways adults make meaning given the current demands in the world for greater complexity of mind. The first level is the socialized mind, the second is the self-authoring mind, and the third is self-transforming. The nature of nursing education is filled with contradiction. The hidden curriculum and aspects of the formal nursing curriculum are aimed at supporting development of the first level of complexity, the socialized mind, with both implicit and explicit claims to socialize the person into the profession. Undergraduate nursing programs claim to prepare students for entry to practice in institutions where the majority of nurses may be prepared with associate degrees and diplomas. What becomes problematic is that the socialized mind is very sensitive to what it picks up, which puts students and others at risk for horizontal violence.

Educational institutions advertise for and seek out faculty who are team players,[30] those who will conform and fit in with the current culture and who share a socialized level of complexity. Undergraduate and graduate nursing education programs claim to nurture and to expect mature, independent, self-directed students who will value lifelong learning, none of which is possible at the socialized level of complexity. What is necessary to be self-directing is the self-authoring level of mental complexity; yet what is most commonly found in the workforce is the socialized level.[30]

The self-authoring level of development is required to deal with ill-structured problems most common to the nature of nursing and life. Such real world problems are characterized by ambiguity and uncertainty and are filled with contradiction; these require the ability to reason contextually and to construct knowledge.[21] Yet, most nursing courses at the undergraduate level, and even some at the graduate level still focus on a-contextual reasoning, well-structured problem solving, and getting the one right answer; again focusing on the socialized level of complexity.

Nursing programs claim to prepare direct entry masters students to become clinical nurse leaders capable of transforming health systems. Students are admitted to these programs with baccalaureate and master's degrees from other fields, yet the focus of their nursing education is primarily at the socialized level of complexity. This focus makes it very difficult for students to understand how they can possibly transform health care systems. Kegan and Lahey[30] describe the level of complexity necessary to transform organizations. It is the self-transforming level of mind, which includes the ability to reason dialectically. Many organizations and educational institutions expect leaders to be self-transforming, and yet, adult development research tells us that few are. Nursing students' level of mental complexity lags behind the level necessary for the profession.[21]

WHAT IS AT STAKE?

Organizations taking a zero-tolerance stance on horizontal violence are to be commended; however, they must also take a

stance to support members' development. This is especially needed in a field where the majority of members are still educated at the associate degree or diploma levels. Research evidence repeatedly reveals that neither this level of education nor the baccalaureate and master's levels prepare nurses for ill-structured problem solving, self-authorship, and constructed or contextual knowing.[20,21,30]

Cognitive rehearsal[8,33] is proposed as a way to remedy or respond to horizontal violence. Based on the description of cognitive rehearsal, one is encouraged to take a separate knowing stance in one's interactions with others, wherein one thinks before one speaks to control one's emotions.[17] A separate knowing perspective focuses on distancing and disengaged reasoning, on weeding out the self, and one's identity from one's interactions with others. To take up such a stance requires one to rigorously exclude ones' feelings and beliefs. A separate knowing stance does not focus on how one knows the self and others subjectively to take both into account nor to develop reciprocal and mutual ways of being and knowing. According to baccalaureate, master's, and some doctoral nursing students what are most often emphasized in nursing education are the received and separate knowing stances, those perpetuated by traditional educational practices.[21] Cognitive rehearsal may bring attention to the existence of horizontal violence in a setting and reduce its overt occurrence; however, it may simply cause it to become more covert. An additional concern for nurse educators is that when thinking and cognition are emphasized to the near exclusion of affect and emotion, uncertainty and emotion are banished to the private realm.[21]

SOLUTIONS

Nursing education must move beyond a focus on socialization for entry to practice. Nursing education grounded in constructive development theory can transform the profession and its culture. To counterbalance horizontal violence, as this article describes, requires the ability to reason dialectically in intersubjective interactions with students and each other and the ability to help others achieve some sense of balance in their moments of vulnerability. The reasoning ability necessary to counterbalance horizontal violence goes beyond the ability to reason through or about one's own system of thought or others' systems of thought. Counterbalancing horizontal violence requires a reasoning ability that can transcend and transform systems, including organizational and institutional systems and systems of thought.[30] The developmental transformation of an organization, a culture, or a system of thought requires changes in sense (meaning) making and changes in internal relations and relationships through interactions, which are constitutive of new ways of thinking and being. Transformation requires approaching interactions and relationships with students and each other with openness and willingness to give up a certain degree of intellectual security and a refusal to set intellectual limitations on one self and others.

The coordination and integration of cognition and affect are the "central locus of adult development"[35(p292)] and are essential to developing nursing expertise.[21] When faculty align with the process of constructing knowledge with students as they make their own meaning of the world, themselves, and nursing, students feel as if they have companions and guides along their life journey. "Mindful engagement"[48(p6)] by faculty with students during moments of vulnerability facilitates the construction of knowledge about nursing and the development of the person/nurse. Mindful engagement in teaching is "paying attention . . . on purpose, in the present moment, and nonjudgmentally."[49(p125)] It is attending to "internal experiences" . . . "in each moment, such as" . . . "thoughts, emotions" and "aspects of the environment." Faculty who model such engagement with students and with each other can nurture the students' developing ability to apply mindfulness in

therapeutic interactions with others, when in practice settings.

When nursing faculty enter an educational experience mindfully, it means looking at the experience from the student's viewpoint rather than simply from the experts' point of view. This is important, whatever the level of nursing education may be, and requires faculty ability to reason dialectically about their own and students' views. Changing ones' current view of the world and calling ones' cherished assumptions into question may be uncomfortable for students.[21] Faculty, the one caring,[27] views the world through both perspectives and sets of assumptions, the students' and their own. This relational process requires the deliberate inclusion of the student's epistemological perspective and is vital to education that holds/confirms (accepts) the student, as they are, and creates the possibility for inviting the student out of, to change, their current view.[11,15,27] Such education does not hold students by constraining or limiting their development.

To date, some nursing faculty may not have taken courses in human development across the lifespan and adult development and education. Those who have, sometimes forget student development does not always keep pace with the academic program and evaluation strategies. Other solutions that will facilitate change are: (1) the deliberate study of constructive development theory and research in this area; (2) exposure to role models who practice connected and conditional teaching approaches,[17,23] including those who use dialogue, discussion, and talking circles in nursing education at all levels.[25,26] Reinstituting the completion of a research thesis at the master's level is an important means to changing nursing education, because the thesis supports student development of the more complex reasoning necessary for recognizing and managing ill-structured problems in nursing and nursing education.[21] In addition, employing high-fidelity simulation activities and debriefing sessions may facilitate students' gradually increasing comfort with uncertainty and reduce their feelings of vulnerability in clinical practice moments with real clients.

NEW DIRECTIONS FOR FURTHER INQUIRY

Nursing education research must grow to include master's- and doctoral-level students and the interactions of faculty and student epistemologies at all levels. Research approaches consistent with interpretive, naturalistic, and feminist inquiry provide maximal opportunity to explore and learn about nursing student and faculty experiences and their interactions during the moments of vulnerability.[21] Longitudinal studies grounded in the constructive development tradition can provide essential evidence about adult student and faculty epistemological development, can support curricular change in nursing education at all levels, and foster a closer alignment of the goals of nursing education, the profession, and the global society, which depends on it and on which it depends.

SUMMARY AND CONCLUSIONS

Nursing education must become a holding environment that accepts both students and faculty as they are and facilitates their growth. The nurse educator is a key to creating an environment that nurtures, facilitates growth, and emphasizes education for self-authorship rather than education that constrains and limits its students, ourselves, and the profession to a socialized level of complexity and development. We need leaders in the profession who can reason dialectically and guide the necessary transformation of our educational institutions and programs. Faculty prepared with the doctorate is essential to achieving this aim, because dialectical reasoning is rare. This self-transforming level of complexity is also essential to becoming a more inclusive profession, one that more closely resembles a global

society, and one that supports its own members' development. We cannot afford to lose anyone to horizontal violence. The development of the profession demands it.

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