

TEACHING FROM THE WATER:  
SOUL AS THE SOURCE OF CARE IN NURSING EDUCATION

by

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## ABSTRACT

Nursing education has a long history of relationships dominated by a culture of oppression. Indeed, the institutions in which nursing dwells themselves echo the values of patriarchy. For decades the traditional nursing curriculum itself, housed in behaviorist pedagogy, has reinforced the discourse of domination within the student-teacher relationship, both in the classroom and in the clinical settings.

Awakened to realization of this long-standing and extended oppression, nurse educators today seek renewed relationships within a caring curricular paradigm. This transformation beckons change in conceptual framework, and discourse that recognizes empowerment, and shared participation within relationships, and seeks to understand and acknowledge the lived experience of the participants.

Attention however, has failed to identify the impact of a deeply entrenched and long-standing oppressive environment. Many of today's nurse educators themselves were taught within a behaviorist curriculum, and lived within the experience of oppressive and domineering relationships. Society itself contributes to this domination, where communities and institutions house patriarchal values and relationships, and where, in fact, 'caring' is devalued, viewed as a 'female' trait, and thus subservient to dominant patriarchal values.

A change in paradigm is not sufficient to undo the damage of both personal and societal domination. Transformation necessitates more than a change in pedagogy. Academic understanding of a caring paradigm is not enough to ensure

healed relationships and lived experience that sheds itself of patriarchy. It is too engrained. Without attention to personal and societal contexts, nurse educators risk 'talking' within the new paradigm, yet 'living' within the old.

In responding to these concerns this research examines the behavioral and caring curriculums, considering historical and contemporary features within this society, and compares the styles of educational interaction. In addition the research addresses two forms of transformation, personal and societal. Each are needed to bridge the gap between paradigm change as learned or known, and paradigm change as internalized, guided from within, derived from the soul of the nurse educator.

Autobiography grounds the research concerns in my lived experience as child, nursing student and nurse educator. Story locates transformation of curriculum in gender, role and in societal value, and within the impact of lived experience. Hermeneutic analysis uncovers the themes, revealed metaphorically as fibers in the web of lived experience. May the roots of curricular transformation be revealed within this research...

## ACKNOWLEDGEMENTS

This research reveals the synchronicity of story, viewed metaphorically as links in deliberate design, or as patterns of ports on the water. Relationship is not coincidental. To those souls who have shared with me in education and in nursing practice, in living and in loving, and you know who you are, I acknowledge your position in this research. You dance within the light. Thank you for experiencing with me the divine connections that our lives reveal within relationship.

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## PROLOGUE

“A knowledge that springs from love  
may require us to change,  
even sacrifice, for the sake of what we know.  
It is easy to be curious and controlling.  
It is difficult to love.  
But if we want a knowledge  
that will rebind our broken world,  
we must reach for the deeper passion.  
We must recover  
from our spiritual tradition  
the models and methods of knowing  
as an act of love.”

Palmer, 1983, p.9

Caring. A concept perhaps. Language used frequently in the helping professions and most recently to define or characterize a paradigm shift in nursing education. What meaning does the word inspire in care-givers? Does its significance emerge as a knowledge learned? Does it imply an aptitude, a competency, or a proficiency? Is it a nursing skill which can be observed, improved upon with training and practice (Barrow, 1990, p.88), and transferred to any circumstance?

Alternatively, might the concept caring be conceptualized as a motivation? Inquiries might then resound in matters of incentive, of reason, and of cause. Rather than asking what behaviors or communication patterns convey caring, nurse educators might seek answers to the source of care. Does it emerge from the mind or the soul? What is its genesis? Is it heartened, provoked, indeed awakened as an essence of the spirit? Finally, is curriculum alone sufficient to encourage, and to foster caring actions within the lived experience of nursing education and practice?

Having lived within the profession of nursing for 25 years, and having practiced a significant amount of time as a nurse educator, my relationship with the concept of care has been one that I have regarded with both interest and disquieting attention. Those frames of reference are portrayed within this research, expressed through personal narrative, grounded in a caring paradigm curricular framework, and transformed by soul motivated practice.

In reflecting on the context of caring within nursing curricula, the research examines the behaviorist curricular model, one that has dominated nursing education since post World War II, and that has provoked an air of domination reflected not only within the curriculum discourse, but also within the student-teacher relationship. The present transformation of nursing curriculum is motivated, indeed inspired, by the professions attempt to break free from this oppressive culture, and to replace it with a paradigm that places value on caring, and that inspires partnership, empowerment, and caring relationships in both education and practice.

What are the implications for change to a model of curriculum with a "commitment to an humanistic, phenomenological, and critical orientation that considers the changing health care needs of our society" (Hills, 1994, p.159)? How does society itself view the concept of care, and caring actions in the nurse? Are they valued? Is a change in curriculum sufficient means to alter an extended and embedded pattern of oppression? Is new discourse enough to heal and alter patterns of interaction that have existed for so long?

These issues have led me to the present research. They have beckoned me to reflect on the personal meaning caring holds for me, and how I live it in practice and teaching, and to reflect on the meaning of care within our societal institutions. While institutions may be created to care for the needs of others, and to educate caring actions, within this present day culture can there be caring institutions?

The research methodology is chosen to embrace and to hearten the focus on personal meaning and care. Personal narrative provides opportunity for me to reflect on my journey as a nursing student in a behaviorist curriculum, and as a nurse educator in both paradigms. Both of these perspectives, as well as my lived experience outside of nursing, have led me to my present awareness of care.

In the text I weave poetry, art and story to construct the narrative. The terms autobiography, narrative, and story are demonstrated throughout the research, and utilized as interchangeable terms, for as synonymous concepts they awaken realization about the experience of living, educating, and about the relationships of nursing practice. I invite you to share my story and to reflect on your own for "the story as told may become a source for others to reflect, understand and transform through their own reflection and life experience, for to study the "person" we must study ourselves, as well as others (Rogers, cited in Haggerson, 1995, p.96).

As I have considered my life experiences within the personal narrative, and persons who have inspired me in living, learning, in nursing and in nursing education, I have become aware of the bewildering connectedness that holds our life patterns together. This impression has led me to two metaphors that I use to enhance the

research concern, to echo life relationship, and to connect with hermeneutic reflection central in the methodology, “for metaphor is a language we use to search for answers to the questions which are at the center of the major themes in our lives” (Pollard, cited in Hultgren, 1990, p.4).

The metaphor of web is woven through the research, and enhances thematic analysis in Chapter 4 . The second metaphor, that of sailing provides opportunity to reflect on the themes identified, as it echoes the web of life relationship. Similar to the sailboats need for union with water, “...in the sacred moments of life- the soul moments- water is always with us. Without water there is no life...without connection to our inner waters, we do not feel. Connecting to our well in meditation opens us to the possibility of drinking from the water of soul that gives meaning to life” (Woodman, cited in Simpkinson, 1995, p.72). May the pattern of the web revealed within the research inspire nurse educators alike to strive to teach from the water.

## CHAPTER I

### INTRODUCTION: COMING TO THE QUESTIONS

Within this chapter I identify the questions that this research addresses. Qualitative methods founded in personal narrative and hermeneutic phenomenology are discussed and reflected upon, as methods consistent to research concerned with lived experience and the human condition.

#### Coming To The Questions

The wind as the spirits breath guides me over the sea of my unconscious.  
(Cameron, 1996)

The inquiries that this research addresses are: how do nurse educators understand care, how is care inspired, and how is care practiced? From these central concerns, the research also seeks to uncover how caring actions might be derived from the soul of the nurse educator as a result of personal spiritual transformation? How might the soul motivate caring actions in practice? Finally, in what ways is personal transformation the soul's attempt to awaken a source of care from one's own spiritual being?

#### Methodology

The purpose of this research is to explore the lived experience of nurse educators as they know and practice caring. The central questions identified above explore the relationship between the essential aspects of caring actions and personal spiritual transformation, and caring as experienced as motivation from the soul.

Caring actions are considered within two curricular paradigms in nursing education, the behaviorist and the caring curricular models. Both are defined and described in Chapter 2.

Phenomenology forms a philosophic basis within the caring curricular paradigm in nursing, and lends opportunity for analysis within this research. The tradition of hermeneutic phenomenology, grounded in the writings of Gadamer (1993), and van Manen (1990), provide opportunity to explore the lived experience, and give purpose to the interpretation within the research methodology. As one reflects phenomenologically, it is possible pedagogically to grasp the essence of that experience for the individual.

This philosophy aims "to enter that world through relation- a way of finding ourselves in a relation of being-in-the-world" (Hultgren, 1984, p.38). Hermeneutics adds an interpretation of what has occurred and brings understanding into being (Heidegger as cited in Hultgren, 1984), for "...hermeneutics governs the search for meaning and temporality...it is an act of historical understanding. Understanding is the key" (Berman, L., Hultgren, F., Lee, D., Rivkin, M., & Roderick, J., 1991, p.30). As Gadamer (1993, p.292) suggests, "the task of hermeneutics is to produce new understandings or interpretations for both conversants."

As such the philosophy and methodology utilized within this research are consistent with the research concern. While the goal of quantitative and positivist research is to predict, qualitative and interpretive research seeks to understand

(Collins, 1992). In Chapter 2 I address hermeneutic phenomenology, to consider the relationship of this philosophy to the caring paradigm.

I use personal narrative to provide the research with a vision of my own experience of being as person, as nurse and as educator. My life experience as ponderer, poet and artist also informs the research. Hermeneutic reflection through thematic analysis (van Manen, 1990) helps me to explore the lived experience revealed in my autobiography in Chapter 4.

Telling stories awakens realization within the experience of living, within the context of learning, and within the relationship of nursing practice. The goal in each perspective is to engage the participants in the story told, and then to ask, what is the experience and "why was the story told that way" (Riessman, 1993)? Narrative is the study of how humans make meaning of experience.

The qualitative method is fitting for research focused on questions of lived experience and relationship in a helping profession, for "...narrative constitutes reality: it is in the telling that we make real phenomena in the stream of consciousness" (Riessman, 1993, p.22). The meaning attached to the story as told lies in how we make sense of the experience, and occurs in reflection, retrospectively. The story is interpreted when it is finished for "critical reflection permits us to reclaim our own histories and to surpass them through the acts of remembrance and interpretation" (Krall, 1988, p.470) relying on "reflection and reasoning... phenomenological dialogue and reflective interpretation" (Schultz & Meleis, 1988, p.218).

Story awakens realization within the experience of living, within the context of educating, and within the relationships of nursing practice, for "It is through our stories that we draw our picture of the world and decide how to act in its midst" (Randall, 1995, p.110). As Sandelowski (1994, p.25) has stated, "Narrative knowing is a means to know again what nurses have always known...we are the stories we tell." The importance of autobiography in personal knowing has been replicated by Cooper, 1991; Polkinghorne, 1988; and Shubert, 1996).

Narrative research echoes the relevance of the central questions as it "adopts a critical posture towards one's free -associative account looking for the functions of one's explanations of oneself" (Pinar, 1988, p.141). As Randall (1995, p.8) has explained, "We are forever trying to 'make meaning' out of our existence and 'make something' out of our lives...learning is 'making': making sense, making a life, making ourselves... learning is 'soul-making.'"

A narrative may raise more questions than it answers as it seeks to gain an expressive rather than an explanatory response, and because "action in situations is subject to a multiplicity of influences, it is often complex and unpredictable (Clark, 1993, p.6,7)." New and perhaps different questions may emerge, therefore, within the dialogue, for as Reason and Hawkins (1988, p.86,87) reflect,

... different stories-within-the-story carry meanings for the storyteller, reflecting different aspects of the current life position. The meaning of each of these interwoven aspects of the story arises out of the interaction of the story, the storyteller, and the audience...levels reflect levels; outside reflects inside; the individual reflects the collective; and the past reflects the present.

Narrative situates the story teller in the world socially and historically (Overly & Spalding, 1993), and “embraces forbidden themes including gender, romance, and sexuality” (Weber & Mitchell, 1995, p.10) It is “the intellectual, ethical, and emotional life of the teacher as it is undertaken and remembered. It is historical, sociological, philosophical, physiological, and spiritual. It is a living; it is something that is lived” (Traver, 1987, p.447).

Lived experience considering these multiple contexts is revealed within the thematic analysis, reflecting the influences that have an impact on the story as experienced and told for, “stories need to be closely interrogated and analyzed in their social context” (Goodson, 1995, p.97). “Life story is the interface between life as lived and the social times” (Josselson, 1993, p.xiii). The use of personal narrative grounds the researchers position within a personal, professional, and societal context, and enables one to become a part of the shared experience, for “the life history method strives toward locating the individual first of all in his or her overall experiences, and secondly, within the broader socio-historical framework that he or she lives” (Faraday & Plummer, 1979, p.777).

Personal narrative is also a method consistent with the central concern of this research, in recognizing the relationship of soul and caring within relationships in nursing education and practice. Thomas Moore (1994) refers to story as a means of glimpsing the soul, the deep seat of relationship not found in the ‘mechanics’ of communication. The relevance of story has also been revealed in its use in teaching

others (Darbyshire, 1995), knowing self in teaching (Jalongo, 1992), and as a therapeutic tool in nursing practice (Cohen, 1994).

Within the autobiography told in this research, I use two metaphors. These metaphors are “necessary for meaning-making, for a narrative and its explication to make sense” (Josselson, 1993, p.xii). The first is the metaphor of a web. Embedded in the web are themes that arise within the research, issues of power and powerlessness, designs of time and relationship, transformation through healing, and the location of soul and story. As a metaphor it appeals to me and enhances the meaning within my story, and helps it to make sense.

The web metaphor reveals itself as ‘fibers’ reflecting the pattern and the themes within the story told. As the story weaves through the research, it echoes the design of the web, and reveals its form in new ways as the embedded story emerges. The second metaphor, sailing, is revealed near the end of the research. This metaphor adds clarity to the relationships of the identified themes, and emphasizes the philosophical framework upon which this research is based.

The wind metaphorically  
does not seek to control the sail.  
Rather, it signals the sailor to dance.  
It fills the sail and offers conditions to play.  
It beckons the possibility of discovery...  
(Cameron, 1996)

In this chapter, I have reflected upon narrative as a form of qualitative research, and upon the philosophy of hermeneutic phenomenology, as two viable methods of research in considering questions of human experience. Central to

understanding the process within this research, and the context within which the narrative is positioned, is an appreciation of the two paradigms referred to previously, the behaviorist and the caring curricula. In Chapter 2 I reflect upon these models of curricula and presents them metaphorically as the fibers of oppression and caring in the web. In addition the relevance of phenomenology and soul to this research is discussed.

CHAPTER 2  
LITERATURE REVIEW  
A COMPARISON OF BEHAVIORIST AND CARING PARADIGMS:  
THE INFLUENCE OF PHENOMENOLOGY:  
AND THE MEANING OF SOUL

Introduction

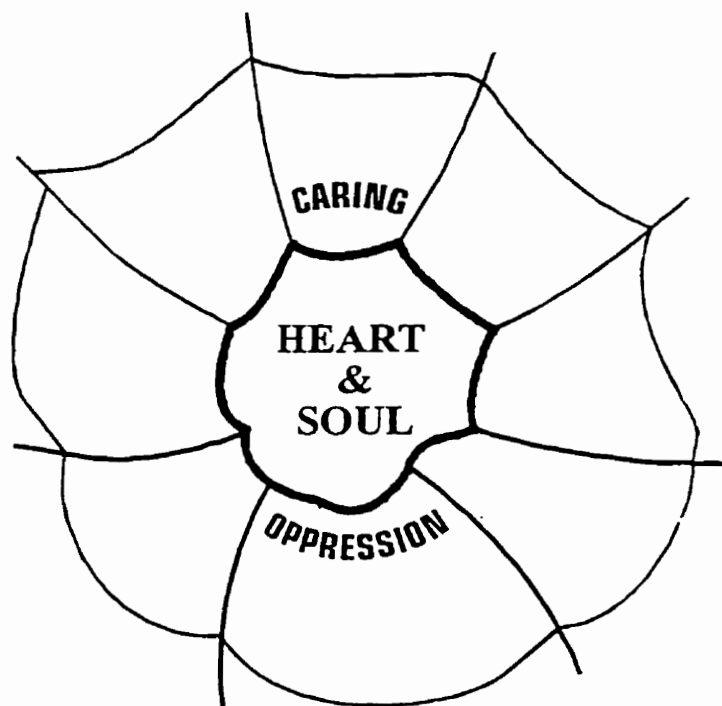
Within this chapter four concepts within the literature are reviewed: the behaviorist model of nursing curriculum, the caring paradigm, the influence of phenomenology in nursing curriculum, and the meaning of soul as a source for caring actions in nursing practice.

Providing an understanding of these concepts allows for comprehension of the historical and present day factors that have had an impact on curriculum development and implementation. The concepts also provide a framework for consideration of the need for, and the meaning of spiritual transformation. Consideration and comparison of the relationships of nurse educators and students in each paradigm is a central concern.

Within this chapter the behaviorist curriculum is referred to metaphorically as the 'fiber of oppression', while the caring model is identified as the 'fiber of caring'. Figure 2.1 reflects the metaphorical context of the theoretical framework identified within this chapter. As shown in Figure 2.1., the 'heart and soul' are represented metaphorically in the centre of the web. Surrounding that core are the fibers of caring and oppression. They may be visualized as engaged, or in opposition, revealing tension perhaps within their encounters. That meaning will be revealed within this research.

Thematic analysis in Chapter 4 suggests the relationships of themes uncovered in the web. Embedded themes not yet recognized, may indeed change the shape, and the connections, found within this metaphor. Figure 2.1. reflects metaphorically the shape and design of the web as the story within this research begins. It may be considered as the first voice.

Figure 2.1. The initial design: caring and oppression encircle soul



## The Fiber Of Oppression In The Web

For decades nursing education has been dominated by an oppressive, prescriptive model (Bevis, 1988; Hedin, 1989; Nehls, 1995; Rather, 1994; Tanner, 1988). In revealing this oppressive fiber, attention is given to determining the interactive climate created between the nurse educator and the learner, within the context of the behaviorist culture. Scenes of oppressive experience are depicted in the personal narrative which follows this chapter that echo and reveal the cloud of domination.

The behaviorist curriculum referred to by Bevis (1988) as the Tyler model, is utilized as the characterization in this discussion. This curriculum is based on a single mechanistic view of human behavior. Behavioral pedagogy is metaphorically referred to as a machine in that it efficiently transmits knowledge from teacher to student (Nehls, 1995, p.204).

Prompted by historical conditions after World War II, the Tyler model was introduced to nursing curriculum more than forty years ago. A pragmatic age was changing the perspective of what was needed in nursing curriculum. Nursing research and nursing theories were virtually unheard of, as were guidelines for developing curriculum. To increase the quality of education, new concepts and discourse emerged that emphasized core curriculum and integrated models, and nursing turned to the framework provided by Tyler to develop and modify their own (Bevis & Clayton, 1989).

Nursing was “at a crossroads and needed structure and guidance to grow, to increase the quality of educational programs, and to be congruent with the very pragmatic age of post World War II” (Bevis, 1988, p.14). Adoption of the behaviorist paradigm however, came at great price, blocking the light of creativity, dispelling winds of enthusiasm in the learner, and repelling the glee of critical imagination. The teacher wove a climate of fear, and created an atmosphere filled not with care, but rather with intimidation.

The dominant agency pattern (MacDonald & MacDonald, 1988), created within this behaviorist pedagogy was not only reflected in the spirit of the classroom, but also in the character of curriculum decisions, with an emphasis on objectives and goals, and in a terminology that provided a discourse of domination (Bevis, 1994). It was entrenched within the medical model, embraced by content-driven teaching methods, and dominated by oppressive relationships. As Hultgren (1984, p.26) affirms, “...The language of behavioral objectives, competencies, performances, classroom management techniques and the like, all reflect interest in control and concern in teaching as technique.”

As any threatened species, the students’ focus shifted away from learning to managing faculty perceptions about their performance, and desiring a positive teacher evaluation (Hedin, 1989). The learner became a passive recipient of content that was often perceived as meaningless. The behaviorist model disempowered the student and created singular discourse. The teacher’s voice echoed alone in the classroom. The students sat passively hearing what they needed to know, and how they must perform.

This climate contradicted the culture needed. In a profession where safe performance requires active judgment, critical thinking skills, human interaction and compassion, the learning environment was in opposition. The teacher modeled power and the student as an undernourished crop, wilted in the winds of disempowerment.

The behaviorist curriculum curtailed the very characteristics educators hope to inspire because it "leads to the alienation of students from themselves and their work, the mystification of meaning in which the values and understandings of others- those in authority positions- take priority, and to an approach to education in which portions of reality are legitimated- the technical and sensate- and in which areas are denied or ignored- values and subjective experience" (Hedin, 1989, p.4). How, we might ask, could nurse educators endorse such a prescriptive, rule-driven curriculum, within a program where compassion and caring are necessary and valued conditions for nursing practice (Bevis, 1988)?

Is the answer found in the educational experience of many nurse educators themselves? Having been clouded within this dominating culture as students, is the theme of oppression a learned interactive style? For as Friere (1993, p.28) has reflected, "it is a rare peasant who once 'promoted' to overseer, does not become more of a tyrant towards his former comrades than himself."

Similarly Rather (1994, p.269) repeats Friere's postulation when she says, "Having been steeped in these ideologies through their own lived experience, teachers school as they were schooled; they adopt the values of their oppressor and reproduce their own oppression." If so, does the oppressed student graduate as a

disempowered nurse, to become a tyrannical nurse educator, who continues to dominate within a cycle of oppression as victim becomes oppressor (Friere, 1993)?

MacDonald & MacDonald (1988) suggest that patriarchal influence may be viewed not as an impact of biological gender, but rather as a reflection of agentic or male oriented dominant traits, present in both males and females. Do females with predominant agentic traits exert power in a similar way within the culture of nursing education?

Finally, what values within our social culture encourage a spirit of domination within the context of education? Since the industrial age, we have survived as a culture impelled by "the promise of domination of nature, of material abundance...of unlimited production and, hence, unlimited consumption..." (Fromm, 1976, p.11). In a society concerned and preoccupied with possession, the context in education may easily drift toward a motivation for knowledge as personal gain and control, where "...the more we crave to possess and dominate the world and others, the deeper and more unbearable becomes the chasm of our emptiness" (Batchelor, 1983, p.27).

In a culture in these post-modern times where students and educators alike dash down the information highway seeking truth within the knowledge explosion, often communicating through technology and not through human contact, one might wonder if the drive for information is replacing the desire for caring and human connection. Does technology simply represent another form of power and domination?

Nursing education today, aspires to heal from oppressive wounds inflicted by behaviorist pedagogy. To do so it has turned to a new paradigm. Yet, is transformation of curricular framework sufficient means to undo the damage of decades of oppression? Must nursing turn its attention to the values embedded within the subculture of nursing itself, and to the values of the larger culture in which it dwells?

In initiating curricular change, nursing has failed to address the cycles of tyranny and disempowerment that continue to exist within its ranks, and the larger cultural influence that reinforces the context of oppression and domination. Instead nurse educators have focused on new philosophy, understandings, and discourse. Still, the previous circumstances blind it from true transformation, for "a person cannot reflect on lived experience while living through the experience" (van Manen, 1990, p.10). Inattention to these influences undermines nursing's attempts to transform to a caring paradigm and to create a culture based on caring interactions. The significance of these components is revealed in Chapter 4.

In the next section, I outline the caring paradigm. The influence of the philosophy of phenomenology is also discussed as a congruent framework for a curriculum focused on human relationship and lived experience. The caring paradigm is seen by some as a reaction to the oppression identified with the traditional behaviorist model of curriculum. It represents nursing's attempt to move out of dominance and oppression in relationships, to discover its own language based on

care, and to find its identity, not as a shadow to the medical model of care, but within the meaning of health and relationship based on lived experience.

### The Fiber of Care in the Web

While the fiber of oppression has long described nursing curriculum and its lengthy alignment with traditional science and medicine with a characteristic focus on objectivism, scientism, and technism (Watson, 1988), nursing is presently transforming its curricular framework. The new paradigm referred to as a 'caring curriculum' emphasizes human relationship and care, where "nursing can be discovered anew with a more meaningful philosophical foundation based on human rather than nonhuman values..." (Watson, 1988, p.17). This perspective has been confirmed by Gray (1992) and Allen (1990).

Since "the human-to-human caring transactions of nursing cannot be explained or understood with a positivistic, deterministic, materialistic mind set" (Watson, 1988, p.8), this new paradigm represents a change in vision from traditional science, objectivity and cure techniques, to one of human science, subjectivity, personal meaning, and human experience (Watson, 1988). It reflects a naturalistic/interpretive paradigm where "reality is assumed to be multiple and constructed rather than singular and tangible" (Sandelowski, 1993, p.3). The caring curriculum is guided more by the natural, universal, or rational modes of inquiry as provided by hermeneutics or critical social theory (Hultgren, 1995), and reflects an intent to guide nursing away from practice as technique to meaning in practice.

Recognition of the oppressive relationships fostered within the behaviorist Tyler model supported, indeed fostered nurse educators in discovering and creating a new paradigm based on caring and the lived experience of the participants. This shift to meaning has attracted curriculum development with its "commitment to a humanistic, phenomenologic, and critical orientation that considers the changing health care needs of our society" (Hills, 1994, p. 159).

Phenomenology provides the caring paradigm with a philosophic basis that echoes the desire for a curriculum focused on lived human experience. For critical phenomenology "calls for participation in the everyday life world with those of whom we wish to inquire by making them partners in dialogue" (Beekman, cited in Hultgren, 1990, p.6). Hultgren (1986, p. 10) also affirms that "if we are to remain responsive to the commitment of phenomenology we must allow the knowledge we seek to speak to us through the lived experience rather than through the categorical abstractions of knowledge found in schemas, models and theories."

In initiating a curriculum with a humanistic context based on the philosophy of phenomenology, nursing education seeks to escape from the structure imposed by the behaviorist model, one that rips at the very heart of caring, the true soul of nursing, toward an emphasis on human experience. The process of educating becomes a field for endless exploration of individual and social phenomena, examination of the lived experience of all participants, and understanding of the human condition, where "the meaning or essence of a phenomenon is never simple or

one-dimensional. Meaning is multi-dimensional and multi-layered” (van Manen, 1990, p.78).

Within the caring paradigm, the learning relationship becomes one in which power, responsibility for learning, and teaching methodologies are concepts shared between the student and the nurse educator (Bevis & Murray, 1990). This social order reflects respect for the learner, and empowers the student to seek out individual capabilities and interests. As such, learning takes on meaning, and change occurs within the interaction (Simon, 1992).

Within this new context learning occurs as a process of uncovering endless meanings for both the student and the teacher. The misfortune of curriculum that leads to one meaning or one conclusion is defeated (Overly & Spalding, 1993). The student is encouraged to examine and express inner experience. Rather than rejecting the inner voice of creativity, it is sought. As the brush portrays the inner vision of the artist, the student-teacher relationship reflects the philosophy of the curriculum.

Unlocking the door to creative imagination, teacher dominated content and lecture methodology is replaced by free expressive style. Meaning is discovered, perceptions are raised, and critical thinking is awakened. The student, impassioned by the process, views the client's experience, and the meaning it holds, rather than attending to the context of illness or symptom alone, as in the previous behaviorist paradigm (Tanner, 1988). Post-modernism beckons us to “see indeterminacy as that which encourages, indeed entices, us to participate in the generation of meaning” (Doll, 1993, p.273). As in the following illustration:

...the teacher and student stood at the bank of the river. It seemed to wind like a ribbon. They watched it divide, then rush away, then merge again. The light danced on it's surface, then shadowed as clouds loomed overhead. It was autumn. Overhead the leaves fell endlessly from the trees until the ground was quilted in colour. They walked together pondering possibilities that seemed to emerge endlessly. Answers seemed less significant than the emerging sensitivity fostered within their sharing. Finally, the student gazing upward to the sky pondered aloud, "I wonder if the strongest leaf falls first or if it falls last?"

(Cameron.1998)

In distinguishing between learning that is technical and skill focused and that which encourages critical thinking, Bevis (1990) suggests that there are six types of learning. The first three, item, directive, and rational, support a training model where the student responds to lists, procedures, descriptions, directions, and to the relationship of skills and interventions to these items and directions. The experience in the classroom is dominated by content, and though the student may memorize or replicate the theory, true learning may never occur at all.

In examining teaching methods and developing curriculum where discovery of meaning, critical thinking, and active learner participation may further develop learner confidence and empowerment, Bevis (1990) identifies three additional types of learning that she upholds as the only true educational modes. She identifies these as syntax, context, and inquiry. These modes of thinking allow the student to analyze, critique, recognize insights, to view wholes rather than parts, to acknowledge experiences, to discover meanings within the experiences, and to engage in praxis, allowing theory and practice to inform and shape each other (Bevis, 1988). Learning

is impelled by process rather than content, and is motivated by awareness of experience and relationship of self and others.

The phenomenological model “requires a transformed relationship between teacher and student, to open up the possibility for learning from one another through meaningful dialogue” (Tanner, 1990, p.298). This joint responsibility challenges the traditional behaviorist paradigm and entices new possibilities within the formed relationship. As common participants, the student and teacher alike, share in the learning process as equal and valued partners within the educational model. The experience, like a shared melody, embraces each of them in personal and shared meaning.

The instruments  
blended in harmony.  
The notes  
patterned  
then echoed  
in the sound  
created.  
The context understood,  
the players  
acknowledged it  
and  
the experience  
was shaped  
by the tune.  
(Cameron, 1998)

Phenomenology, as a philosophic basis within a caring paradigm, inspires discovery of meaning within the process of both living and learning. “If we adopt the starting point of phenomenology and the lived world of immediate everyday

experience, the world of this inhabited beach is "already there" before reflection begins - as an inalienable presence" (Merleau-Ponty, cited in Josselson, 1993, p.8).

This philosophic lens evokes the empowerment of three dimensions of thinking: epistemological, where we wonder how it is that we have come to know what we know; ontological, where we ponder the meaning of the thing in the world, ethically and morally; and cosmological, where we reflect on the meaning in the broader order of things (McCutcheon, 1993).

As one reflects phenomenologically on the lived experience of the participants within the process of learning in nursing education, it is possible pedagogically to grasp the essence of that experience for the individuals (van Manen, 1990). That philosophy supports and indeed heightens the intent of a caring curricular paradigm. It changes our relationships to one another, and our experiences reflect the adaptive, collaborative, and interdependent functions (Oldfather & West, 1994).

The student strives to find the endless layers of meanings, as the themes and layers of themes unfold themselves (van Manen, 1990). The curriculum weaves a tapestry of designs ready to be revealed. As Vincent Van Gogh reflected, "...I do not invent the whole picture; on the contrary, I find it all ready in nature, only it must be disentangled" (cited in Gerstein, 1989, p.94).

"For the artist as well as the phenomenologist, the source of all work is the experiential lifeworld of human beings...a genuine artistic expression is not just

representational or imitational of some event in the world. Rather it transcends the experiential world in an act of reflective existence” (van Manen, 1990, p.97).

The caring paradigm clearly affords nursing education the opportunity to transform its interrelatedness to one of mutual respect and openness. It proposes escape from oppression and dominance and liberates potential for open expression. Unlike the previous empirical analytic technical orientation that is focused on achievement and goals, the situational interpretive orientation based on the philosophy of phenomenology seeks to interpret lived experience. Critical theory further adds to that perspective, in widening the focus to improving the human condition “to understand how and in what ways one becomes a nurse” (Nehls, 1995, p.204).

While the framework upon which the caring paradigm is based demonstrates theoretically and conceptually a model that speaks to life experience and interactions, and strives to inspire critical thinking and sensitivity to human experience, is a change in curriculum pedagogy alone enough to inspire lived experience that is caring? Is an understanding of its philosophic underpinnings enough to lead us as educators to new relationships with our students? What is the impact of culture and societal values on the lived experience of care? Is a change in philosophy and conceptual framework enough to change our actions in teaching? I would postulate that to presume so is short-sighted indeed.

While an understanding of the philosophic and theoretical basis of the caring paradigm may strengthen the possibilities for curricular transformation, it does not

ensure a change in lived experience within the classroom, and within the student teacher relationship. Teaching through academic understanding alone is like educating with one eye. The visual potential is limited. For as Watson has noted, caring behaviors may be demonstrated by the nurse through performance, yet not be based on true care of the patient (1988). Similarly, the teacher may “talk” the caring paradigm without internalizing its philosophy.

Instead a second lens is needed, one that lends vision to personal transformation and leads the educator to the ‘soul’ of life. Without that spiritual vision and impetus we risk talking the paradigm in practice, without truly living it, or as Palmer (1983) has indicated, we risk excluding the heart. Watson echoes that perspective when she postulates, “The value of human care and caring involves a higher sense of spirit of self” (1988, p.31).

The fiber of the caring paradigm is very strongly connected to the ‘heart and soul’ of the web. Equally joined though in opposition is the fiber of oppression. Together they circle it. As contradictions they inspire comparison, and echo the tension experienced within relationships of care and domination. Only through connection with the central core of the web can educators detect the ‘spirit’ of the curriculum, find the ‘vigor’ that inspires it, and discover the true source of caring; located within the ‘soul’ of the nurse educator.

The mind’s vision excludes the heart, but the heart’s vision can include the mind.

(Palmer, 1983, p.xii)

Until this point, attention in this chapter has focused primarily on comparison of the origin, conceptual framework, and relationship of the traditional behaviorist model of nursing curriculum, to that of the caring paradigm. Lastly, the concept of 'soul' is introduced, presented as a more viable source than knowledge of curriculum, to uncover the true source of 'care' in educational relationships, and within the meaning of one's lived personal and social experience. Within the discussion of 'soul' in this final section, I focus on its meaning historically and in present times within this culture. As well, I reflect metaphorically on the heart and soul of the web as the true impetus for curricular transformation in nursing to a caring paradigm.

#### The Heart And Soul Of The Web

When gazing at a web I often find my eyes  
 are most attracted  
 to the pattern  
 or  
 to the victim trapped within.  
 If it's alive,  
 I inevitably try to  
 release it.  
 But when one selects to look closely,  
 in the centre  
 is a core,  
 a nucleus for the encircling design.  
 It is the heart & soul  
 of the web.  
 (Cameron, 1998)

When personal transformation guides the teacher in curricular change toward a caring paradigm, the possibility arises to practice within a philosophy that speaks of

soul truth as a foundation for a curriculum, and for the student-teacher relationship. We need “ ‘wholesight’ , a vision of the world in which mind and heart unite. ‘as two eyes make one sight’ . Our seeing shapes our being. Only as we see whole can we and our world be whole” (Palmer, 1983, p.xi).

Within the present research, reference to the soul of the nurse educator is intended to ascribe to the spiritual roots, beliefs, or values that guide in one’s quest for personal meaning, and which influence behavior. That source for some may be founded in the experience of formal religion. For others it may be contained in one’s personal engagement with creation, in whatever form or imagery that may assume. It must, however, for purposes of this research, be grounded within a personal commitment to love, in the value of life and relationship, and not in a knowledge of spirituality alone.

“...The search for meaningfulness in life - relates to spirituality: a need for a real transformation of our lives” (Havelka, 1981, p.48). Personal transformation invites us to look inward, to our central core, to our soul, to that eternal source in which we find our essence of love. Inspired by that essence, we may become the source that guides and informs our relationships with others.

Watson describes soul as the “geist, spirit, inner self, or essence of the person, which is tied to a greater sense of self-awareness, a higher degree of consciousness, an inner strength, and a power that can expand human capacities and allow a person to transcend his or her usual self” (1989, p.32). Within this context, caring is not derived only from a theoretical understanding of the concept, rather it is inspired by

spiritual, personal lived experience and awareness. To be guided as an educator by one's own spiritual truth means to be guided from the love within one's soul, for "in the swamplands of the soul there is meaning and the call to enlarge consciousness" (Hollis, 1993, p.108).

When we derive from the soul, we are able to live and educate from a position of love and divine inspiration. "Those who claim to be educators must care for, indeed love, those whom they would presume to educate" (Huebner, 1988, p.118).

Yet what meaning does the concept 'soul' inspire in the western world in these post-modern times? In reviewing the literature for this research it has been observed that soul, spirit, love, and caring are all concepts utilized interchangeably. They seem to be undifferentiated in their use. Might that uncertainty reflect a society, a culture that places little value on issues of spirituality on both a formal and informal level?

Rather do these times reflect a culture concerned with owning, possessing, and acquiring? "Until recently, the 20th century might have been viewed as the century in which Western culture lost its soul. Sacrificing attention to the inner life for pursuit of the outer life, we have become possessed with money, convenience, and the illusion of immortality" (Simpkinson, Simpkinson, & Solari, 1995, p.1). As such, we grasp and cling, cursed in our frenzied efforts to seize and occupy.

The enlightenment marked the beginning of rejection of the soul. According to Happel and Price (1995), the use of soul language became a political issue, and "rejecting the soul as an entity was envisaged as a rebellion, a war for one's freedom

from the oppression of priests and churches” ( cited in Simpkinson, Simpkinson, & Solari, 1995, p.64). It marked a time when medicine, educational institutions and other social systems were seen as a more rational way of controlling human behavior.

Fromm (1976, p.29) observed this ‘having’ orientation as one in which “greed for money, fame, and power has become the dominant theme of life.” Likewise, educators, as owners of knowledge, feed it eagerly to the hungry mouths of students, then demand its return as cloned information retrieved in assignments and examinations. Creativity and discovery are both foreign to the soulless society, and to the educational facilities that likewise teach the possessive stance.

Historically, soul has existed within a varied context, reflecting formal religious beliefs, existing traditions, and the social and cultural context of each period of time. Prior to the loss of soul in western civilization, a theme of relationship and divinity had been previously represented in numerous contexts.

Plato and Aristotle were most concerned with soul and defining categories that would separate humans from plants, animals and rocks, and with what makes a human, human. (Solari, cited in Simpkinson, Simpkinson, & Solari, 1995). Adding to that perception Thomas Aquinas identified the soul as that which connects us to the divine (Solari, cited in Simpkinson, Simpkinson, & Solari, 1995). The Renaissance theologians in advocating natural religion, believed in a sensitivity to the sacred in every day life. For them, relationships were truly sacred, next to divinity (Moore, 1994).

The meaning of soul has emerged over time through poetry in the works of Wordsworth who believed that “the location of the sacred was not above and unchanging, but immediate and present in the fields and paths of his beloved Lake District of England” (Solari, cited in Simpkinson, Simpkinson & Solari, 1995, p.3). He and Keats in the 19th century presented the soul as both ignited and changed through human experience, in relationships and with nature (Solari, cited in Simpkinson, Simpkinson & Solari, 1995).

Poet Walt Whitman expressed his belief that the soul was inseparable from the body, as well as from the souls of others. Carl Jung, who described his life work as care of the souls, described a perception similar to Whitman’s in his concept of the collective unconscious (Solari, cited in Simpkinson, Simpkinson, & Solari, 1995).

Yet if, indeed, these post-modern times do reflect a culture that is soulless, then far wonder that the void is experienced, indeed evidenced in all of our institutions, by the interactive styles within them. While we speak readily of our love for our families, our homes, and our personal friends, we rarely if ever speak of love in relation to our students, our colleagues, or our clients (Huebner, 1985).

In our sophisticated, technology driven communities, “in an age of telecommunications- which, by the way, literally means ‘distant communications’- we suffer symptoms of the loss of soul” (Moore, 1994, p.xvii). We need to uncover the passion in education as “in the reclaiming of one’s passions one then begins the process of reclaiming one’s self” (DeLuca, 1996, p.139).

Thomas Moore (1994) reflects on the sacredness of life, and appreciation for life as necessary to care for the soul. Referring to therapists in the helping professions who experience frustration, he says, "They want to work with their clients on a soul level, but meanwhile, they are employed by institutions that require short-term therapy solutions in order to keep their profits up. You can't care for the soul in six sessions; you can't address the mysteries of an individual while you're labeling pathologies and looking at the clock" (Simpkinson, Simpkinson, & Solari, 1995, p.21). Likewise, nurse educators cannot hope to teach in a caring paradigm within an institution and relationships that continue to be clouded by and steeped in the dominance of patriarchy.

Carrington claims that no matter what our life work, feelings of effectiveness and satisfaction are linked to where that work is anchored, and "...if our psychic energy is ego-based we will inevitably run out of steam. But if our work has some connection to our essential being...our reserves of energy will prove to be both limitless and self-renewing" (Simpkinson, Simpkinson & Solari, 1995, p.125).

That concern changes the issue of caring from one of intimate relationship to the level of the institution. As Moore has postulated, "...the thought of all of us living more soulful lives could be very threatening. If we are truly living lives that nourish soul, we will want jobs that save the soul as well..." (Simpkinson, Simpkinson, & Solari, 1995, p.19). As we employ a curriculum influenced by the soul of the educator, we free ourselves to sail in uncharted waters, to attend to the meaning of life, where "relationship is not a project, it is a grace" (Moore, 1994, p.256). Can

we do so if the institution is unable to care for the educator, for the student, and if the culture fails to value soul as the source of care?

To reconstruct nursing curriculum without attention to the impact of social and cultural values involves nothing short of donning new clothing for our bruised and weakened souls. "We educate without vision to inner truth and enlightenment. Instead we create the potential for a curricular language filled with dangerous, unrecognized myths: dangerous not because they are myths but because they remain unrecognized and unchallenged" (Huebner, 1975, p.218). We are vulnerable to what Bevis (1989) refers to as the null curriculum, one which is thought to be there but is not.

Transformation of a nursing curriculum beckons transformation within the western culture. "The implications go beyond the personal to a larger social level, in that we will also have to refuse to do work that damages others, that contributes to environmental destruction, that in one way or another injures the soul of the world" (Moore, cited in Simpkinson, Simpkinson & Solari, 1995, p.19).

Yet is the injury too vast, too deep? How might nurse educators invested in curricular development designed to reflect a caring paradigm contain the shadow that exists within our society and within the western culture? If curricular change is insufficient means in translating our relatedness away from an oppressive stance, then how might the issues of the past be examined, contextualized, and transformed?

Metaphorically, the heart and soul of the web locate the place for healing to inspire transformation. Healing begins personally within the individual. Once born, it

links as fibers in the web, as a partner in dialogue with others. The healing begins with the story told, first as personal reflection, then as story told, as story heard, as story circling in reflection, as story unfolds insights about the human condition, for, "...stories make soul, and soul speaks in story. By becoming aware of our stories and their complexities, we access soul because through story, we make meaning" (Simpkinson, Simpson, & Solari, 1995, p.180). Only through the changed pattern of seeking insights and wisdoms from our souls, may we hope to uncover the true source of care to guide us in relationships, where "caring" is the true core of lived experience in nursing education.

In Chapter 3, I present aspects of my autobiographical story. I focus on instances which have highlighted my lived experience as a child, as a student nurse, as a practitioner, and as a nurse educator. Within these varied contexts the story reveals sources of care and oppression and the influence each had on my lived experience then, and as a nurse and nurse educator today.

Metaphorically one might suggest that, to recognize darkness, one needs to know light, and that relationship reflects, enhances, and is indeed necessary for the identities to emerge. May the story reveal the themes, and lead the research to insights about the concept of care within the lived experience of teaching and learning in nursing education.

## CHAPTER 3

### THE AUTOBIOGRAPHY

#### Fibers of Lived Experience Within the Web

##### Introduction

Where to begin? It circles me.  
 The longer I reflect and remember,  
 the longer the story becomes.  
 Is it ever done?  
 Where is the beginning or the end...  
 or, like soul does the story dance forever?  
 How might I disentangle  
 the fibers in the web  
 that tells my story?

(Cameron, 1998)

I invite you now to reflect on the story told as a pattern of fibers in the web that maps, portrays perhaps, a portion of my life. Each story embodies a lived experience as recalled, and as the linkages reveal their pattern on the web, the design is recognized. The story told reflects the themes, metaphorically revealed within the fiber, and ultimately sculptured in the web archetype.

A web...patterned, strong, though capable of breaking...an art form, a trap, inspiring fear or delight depending on one's location, and as such echoing life perhaps. As I wrote the stories within this research, I wondered at the memories that surfaced. Why were some recalled so quickly, remembered with such detail and with such reexperienced emotion? I worried at times that some unforgotten aspects left the picture skewed or unfulfilled. Only when the research was nearing completion did I recognize the relevance of the stories recalled. The themes that called to me were those that echoed relevance to joy and pain, to care and power. May the stories reveal

the patterns of my lived experience and uncover meaning within the roots of soul.

Here are my stories. The first story begins when I was a child of about twelve years of age.

### Coming To Care

Edith Margaret Skinner lived 82 years. She was my grandmother. In my memory now, as I endeavor to create her face within my mind, I recall that she always looked the same, time-honored perhaps. Her hair was always white and softly curled around her gently wrinkled features. She smiled often and her eyes were warm, settled in a face whose lines described more than 80 years of living.

When I was a child she would play games with me. Chinese checkers and dominoes we played frequently, but her spark and vitality was very much revealed in crokinole. Her finger though crooked and angled with arthritis could propel that puck with vigor. I smile remembering that even now. She filled me with warmth and laughter.

In later years she moved to a hospital for she needed much physical care. There she inspired in me as a child ways of knowing care that would have far reaching impact on my life, though I did not know it then.

I recall feelings of sadness when exposed to the downcast eyes in the patients as spurring, and indeed calling me to care. The gloomy presence of the hospital, the isolation, detachment of old age, the insular seclusion of helplessness beckoned me to

associate, to hold, to replenish perhaps, some sense of joy and fulfillment within their lives.

The experience planted a seed of empathy filled with motivation to consider areas in life where control and empowerment may be threatened. I wondered what it was like to grow old and to be in a hospital without independence and choice. I worried about how it felt when your body let you down, though your mind was still agile.

I fed those questions and my desire to care with visits to my grandmother where I would tell her stories of my day. I would hold her hand and kiss her cheek. I would feed her. Then I began to read her stories. She liked that. Her eyes would open wide in interest or amusement as the words became the instrument that sang the melody. Little did I know then that my regard for the value of story now, would find its roots in the memory of those eyes.

The pleasure that was created in that sharing spread to other ladies in the room, and soon we had a cluster assembled around the story told. One day, my grandmother's roommate called me over to her bed. She had a pile of very old looking books piled beside her. "I want you to have these," she said with a softness in her voice.

I opened one, then another, then all of them. Inside were pictures of nurses, and instruments, and portions of the human body. "These were mine when I was in nursing school and I've kept them all of these years. I want you to have them because

I think you would be a very good nurse.” My grandmother, lying in the next bed, nodded in agreement. I thanked her and took them home. I recognized the value those very old and treasured books had for her. I was moved that she had given them to me. I felt inspired to be a nurse... to be a nurse to care...

### All Nurses Care...Don't They?

The source of care fostered in my relationship with my grandmother was not recognized at the time for the impact it would have on my life. Likewise, the oppression I would experience as a student nurse would also lie undetected until years later. The impact of each, the joy and the pain, was not dormant, not silenced, rather unrecognized. Only within the story remembered, and within the story told, do the themes emerging from the seeds reveal their shape and pattern, and their relevance to my life.

My grandmother died when I was 14 years of age. It was an evening in December. The Christmas lights illuminated the window where she slept. I remember there were wet drops from the melting flakes of snow sliding down the coloured reflection on the window pane, like tears perhaps. My mother and I were at my grandmother's bedside. I had been told she was unconscious though I did not fully understand the meaning. It meant only to me then, as I recall now, that she was unable to wake up, though I knew that she was dying. Still I remember sitting beside her as she lay in the bed, holding her hand and talking to her.

Suddenly her eyes opened. She was awake! I alerted my mother who left quickly to find a nurse. I hugged my grandmother tightly. Then the nurse arrived. She pushed me out of the unit pulling the curtain tightly like a slamming door. I felt confused and rejected. My mother calmly told me she had died. We cried together. I felt an enormity of pain and loss that, even as I write about it years later, initiates an aching inside my chest. When most afraid and vulnerable, when most in need of caring contact, I had met my first unfeeling nurse. How that experience would impact my sensitivity to death for years to follow, perhaps forever.

I finished high school and entered a diploma nursing program when I was 18 years old. It was 1968. Diploma schools of nursing were hospital based. A nursing residence created a culture of education and camaraderie. In spite of my experience with my grandmother's death, still I expected nurses to be kind, warm, gentle women, healers, who would act in faith to empower those whom they served. I did meet some who filled my idealized perception. Others, as the following stories reveal, are perhaps clearly remembered now, because at the time they darkened my innocence.

### Initiation

It was the first week of school. There were about 40 of us sitting in the nursing arts class. The room was sterile. Walls of cream and gray formed the background for sinks, hospital beds, and cupboards with closed doors. Our desks were locked to the floor in a tiered sequence. We sat in combined anticipation, excitement and uneasiness waiting for the experience to begin.

The faculty began to arrive. They pushed chairs together forming a line in front of us, though slightly to the side. They mumbled and laughed together and gradually sat on the chairs. Then our nursing arts teacher arrived. There was something powerful in the way she walked, and in the posture she assumed behind the lectern. She was not a large woman though her demeanor commanded attention. She welcomed us to the program though her face was not hospitable at all. I felt an apprehension forming in my stomach. Was this a nursing teacher?

She asked for a volunteer to come to the front of the room and place a pillow case on a pillow. Was this a trick. I wondered? Is this how a class begins? There was shifting in the room as everyone looked away from her searching gaze, hoping not to be detected, not wanting to depart from the security of our desks rooted firmly on the floor.

I heard my name called. My stomach tightened. Slowly I lifted myself from my desk and walked nervously to where she was standing. The room was quiet. The faculty stared. The nursing arts teacher stood beside me, facing me with both hands on her hips, a posture I would soon recognize to be as distinctive as her uniform. She handed me the pillow case and the pillow, and I began the seeming impossible task of inserting it into the case.

I struggled. The pillow was plump and unyielding. Time seemed to stop, as did sound. I swallowed hard. How could anything so simple seem so arduous? Finally, the pillow slipped into the case. I sighed with relief and handed it to her.

She had a smirk on her face, somewhat sinister. The faculty too were smiling, taunting the secret prank that seemed known only to those in power.

Grateful to return to my desk, I heard her voice echoing the intent of the exercise. "That," she proclaimed in a taunting voice, "is the way of a lay person. This is how a nurse performs!" With one arm inside the case, she formed an accordion-like pleating of the fabric with her other hand, grabbed the end of the pillow, and slid the material easily over and down.

The faculty chuckled, the students squirmed. Little did we know that this oppressive tone would dwell with us for the next three years. The seed of dominance was planted in the atmosphere of intimidation created within the classroom. Unknown to us we had entered a behaviorist culture. Survival would necessitate total compliance to those in power ... the teachers.

### The Freckle

Nursing arts led us through one procedure after another. We learned that here was one way to do everything, and that singular method was clearly identified in the "Procedure Book" a large black binder that followed us everywhere. I lived in constant fear of forgetting the order of steps or of doing something incorrectly. Mistakes were always followed by loud confrontation from the nursing arts teacher.

Night after night we would practice. The school of nursing was attached to the nurse's residence, so once evening arrived we would don comfortable clothes and walk down the hall to the nursing arts lab. There was always a lightened atmosphere

at night when the faculty were absent, replacing the oppressive atmosphere of the day.

Making a bed correctly proved to be an even more insurmountable task than my experience had been with the pillow slip, which incidentally I had practiced until I was now as adept as she. The bedmaking, however, was another story. The corners had to be mitered at 90 degrees, the drawsheets had to be so many centimeters from the top of the bed, though I cannot recall today how many, and the sheets had to be fitted tightly. No matter how many times I made the bed, I had to do it again and again. Something was always imperfect and, most frequently, it was with my drawsheet.

There were many beds in the nursing arts lab, so that at any one time many students could conceivably be practicing, and attempting to pass the teacher's rigorous scrutiny. As the students made their beds she would march back and forth, arms crossed, overseeing their struggles. There was no misinterpreting the loud voice that always accompanied an error. Once the bed was completed she would march over with her ruler and measure the distance of the drawsheet, assess the mitered corners and the general quality of the bedmaking. If she was not pleased she would grab the linen in the centre of the bed, pull everything off of it and shout, "Do it again!"

Over and over I made the bed. I could not, in spite of all my efforts, place that drawsheet at the exact centimeter point. The class ended and I still had not passed bedmaking.

Back in my room in the residence I pondered what to do, wondering all the while what one or two centimeters difference could possibly mean to the comfort and well-being of the patient. The point, however, was not to question why, rather to do it as told. Then I had an idea. In the morning before I went to class I would mark a point on my arm with a black pen, so that the dot would blend in like a freckle at the exact centimeter point where I should place the drawsheet.

I went to bed more confident. I would use my arm as a ruler. Tomorrow I would pass bedmaking.

The next morning I carried out my plan and went to nursing arts class. I put the bottom sheet on mitering the corners carefully and ensured that the sheet was tight. Then I lay the drawsheet on the bed. Luckily she was busy watching someone else. I matched the height of the cloth to the freckle and tucked in the drawsheet. I placed the top sheet and bedspread on the bed, tucked them in, placed a clean pillow case on the pillow and attached the call bell to the draw sheet. I was done.

Over she marched, with her usual air of authority. She examined the bed carefully, arms folded across her chest. Then she placed her ruler above the drawsheet. Her eyes gazed at the point where the edge of the drawsheet met the ruler line. "Excellent!" she proclaimed, "You have finally mastered it! You may now make beds in the hospital!"

I smiled to myself. I had finally passed bedmaking. I had not learned anything except how to survive in the culture. I had adapted to power through my own strategy. Pleasing the teacher was all that mattered. I had better hang on to that freckle.

### After the Lab...

It was our first clinical day. Having finally passed bedmaking we were each assigned to a patient's room to make unoccupied beds. Shiny white shoes and uniforms that still looked new revealed our new roles as nurses.

I was assigned to a room with three men. When I arrived they were sitting in chairs talking. I recall that they did not appear to be ill as they greeted me enthusiastically. I began my task of stripping their beds and replacing their bedding with freshly cleaned and ironed sheets. With intense concentration I applied my new skill, mitering, tucking, tightening, checking and rechecking my technique. Finally the three beds were made.

I stood back, examining the beds with pride. I pinned the call bells, tidied the overbed table and placed it at the bottom of the bed. The gentlemen continued to talk with me and with each other, and complimented me on my efficiency. I beamed with their flattery and remember feeling pride in my own performance.

Then in she came. This clinical teacher was not one that I had met before but her walk, her posture and her general demeanor immediately chilled my newly found confidence. She looked around the room, walked around each bed, then swiftly, and without warning, snatched the sheets and the bedding, and dropped them down on the now exposed mattress. "Make them again!" she declared with annoyance, and turned and walked briskly out of the room.

The men looked sheepishly at me. I stared at the three beds that just moments before had filled me with pride and accomplishment. My confidence was replaced with embarrassment, and a sense of bruised and broken pride. I made the beds again.

### The Bed Baths

The atmosphere of dominance continued both in the nursing arts lab and in the hospital setting. We edged our way through the procedure book, relieved as one more method or technique met the approval of the teacher and was passed.

One of the most challenging procedures was learning to give a complete bed bath and to make an occupied bed. It meant that we had not only to bathe each other, but also to make a bed with one or the other of us in it. I still shudder with the memory of my difficulty in passing this procedure!

Our teacher demonstrated the method as we all sat carefully observing in the tiered classroom. Once she had completed the procedure, she instructed us to select a partner with whom we would practice and work with in our return demonstration.

My friend Anne and I became partners. We practiced and studied the technique, spent many evenings in the lab, and made bed after bed with one or the other of us inside of it. Finally we felt ready to demonstrate our competence to the teacher.

Each pair of students was assigned to a time for return demonstration in the nursing arts lab. One at a time each one of us would bathe our partner and then make the occupied bed, while the teacher observed our technique. There were several pairs

of students working at one time. This day our usual nursing arts teacher and another faculty member were observing the proceedings. Anne was told to begin the procedure.

I got into the bed and Anne started the bath. Then the nursing arts teacher arrived. She watched Anne for a few minutes and then she began to criticize and berate her for the technique she was using. No matter what Anne did, it was not proficient enough. Finally, out of frustration, Anne began to cry. Ignoring her tears, the teacher continued to confront in a loud and critical voice. Unable to withstand any more abuse of my friend, I sat up in the bed, looked at the teacher and said, "Please leave her alone." She glared at me for a moment, then turned on her heels and walked briskly out of the room.

We looked at each other in relief. She was gone, for the moment anyway. The other teacher hurried over and helped Anne to tuck in the sheets. She had a harried expression and seemed eager to help Anne finish the bed before her colleague returned. I recall thinking that she too seemed intimidated by this teacher. I remember wishing that there were more teachers like this one who seemed to care, and taught without inducing fear or intimidation in the student.

Then over the intercom came the announcement that I was wanted immediately in the office of the Director of Nursing. I got out of bed, dressed and tried to prepare for the final assault. I knew that whatever was ahead of me, it would not be pleasant. As I left the room, Anne, the other teacher and I looked at each other in silent understanding.

As I entered the office my eye was met by the glare of a stern faced woman. She was the director. No time was wasted informing me that she had received a complaint from the nursing art teacher's teacher that I had interfered with the teacher's engagement with a student. I hesitated, then humbly tried to explain what had happened and how unfair it had seemed, but she would not listen. Her final words as I was dismissed from the office were, "If you ever speak out against a teacher again, you are out of the program." I was silenced.

### Not Even Spared In Death

The dominant air of intimidation carried into the clinical area as well. Perhaps the seeming motivation for power disengaged many nurse educators from any sense of caring for the student, and often for the patient as well. Even those who seemed to care, who conveyed a more gentle demeanor, seemed to be silenced within a culture that reinforced domination and oppression.

I recall many situations reminiscent of my bedmaking experience in the hospital, where the patient too was witness to the criticism bestowed upon the student. Procedure was of paramount importance and became a context for the teacher to wield insensitivity and power.

One day I was caring for a man who had a terminal illness. Suddenly he began to hemorrhage profusely. In the minutes it took for a medical response, my concern was to attempt to contain the bleeding and to support this man in his crisis.

He quickly lost consciousness, but the bleeding did not stop. I recall that I had never seen so much blood.

In my haste to respond, bloodied sheets, fell on the floor, which I quickly replaced with dry ones. Then in came the clinical teacher. She commented immediately in a critical tone that I should pick up the sheets, as it was against procedure to let them touch the floor. She abruptly left without engaging in assessment of the patient's condition, nor in any inquiry as to how I was handling the situation. Procedure seemed her only concern.

Another story recall as equally deplorable occurred with still another teacher on a medical rotation. As I was walking down the hall of a medical unit the teacher approached me. She informed me that a patient was dying, indicated the room, and asked me to gather the other students, and the procedure book, and to meet her in the patient's room.

I complied with her request, passed the message along, and gathered the procedure book. Outside the door, I recall hesitating for a moment, perhaps unsure of what I was to find inside, and feeling some apprehension.

I entered. The teacher was standing beside the head of the bed. As I approached she extended her hand eager to retrieve the procedure book. The other students in the group stood around the bed. I reluctantly entered the periphery.

My eyes drifted down to the still figure in the bed. She was pale and motionless, her eyes closed to our presence. Suddenly her frozen posture was aroused

and her breathing became deep, noisy and rapid. Then her respiration ceased. Over and over this process repeated itself.

The teacher announced with confidence that we were observing cheyne-stokes respiration, typical of impending death. She instructed us to time the period of apnea when the breathing stopped, and told us that that period of time would lengthen as death became more imminent. She then abruptly opened the procedure book and announced that she was going to read to us from the procedure entitled 'Care of the Body after Death.'

I knew that hearing was the last sense to depart in death. I remember feeling appalled at the teacher's lack of sensitivity to this human being lying in the bed. I wondered what the patient was feeling, thinking, experiencing. How disempowered did she feel by our seeming uncaring presence?

The teacher seemed disconnected and undisturbed by the process. She read the procedure, then closed the book, beckoning us to return to our patients. No one touched the lady. No one addressed her by name. No one attempted to communicate caring behavior or awareness of her experience.

She was a body still breathing. She became a part of the procedure. Learning was not about human experience, it was about technique. We departed obediently, leaving the dying lady alone. I am still to this day haunted by that experience, and by my silenced voice.

So when is the story done? When is it enough? As I recall and write these stories more memories flood in to my awareness. There is no end to the possibility of

story. Yet, knowing that I need to conclude somewhere I will end with one final story of my experience in a diploma nursing program that began in 1968.

### Spitting in the Toilet

Nursing Arts class embodied a strong theme centered on hygiene and personal care. On one particular day the nursing arts teacher was talking about mouth care. We were positioned in our tiered classroom as usual, and she was stationed at the front of the room.

She had a toothbrush and paste, mouthwash, a K-basin, and mouth lubricants, and of course she had the procedure book. The class engaged with her in various strategies for mouth care, from assessment to health teaching, to care of the comatose patient. Compared to many of the other procedures this one seemed relatively uncomplicated.

Once the procedure was covered, she suddenly changed the focus, or so we thought initially, as she asked us, "What do you think is the dirtiest part of your body?" There was shifting and silent amusement. She waited several moments, and when none of the students replied, she exclaimed dramatically, "The dirtiest part of the human body is the mouth!" Her response was met by surprise for that was decidedly not the answer most of us had in mind.

She then expounded on the fact that the mouth was indeed a garbage pail, and that there was no other part of the body that housed more microorganisms.

“Further to that,” she uttered with dismay, “when we clean our teeth, we spit those very same organisms into the sink, the very vessel in which we wash our faces! Instead,” she proclaimed, “we should spit into the toilet!”

There was amusement in the room, and twittering. That night in the residence, as we prepared ourselves for sleep, loud laughter drifted down the halls from the bathroom. Inside, one student nurse after another hung over the toilets spitting their toothpaste into the basins. We complied with the new procedure. We laughed at the absurdity. The next night though, we spit in the sinks...

#### After Graduation: Initiation to Practice

When I graduated from the diploma nursing program I felt a distinct sense of relief, as well as awareness that I wanted and needed to pursue additional education. I knew at some level that I would not be content without it. I decided to enter a post-diploma nursing program at an Ontario university that would allow me to graduate with an honours Bachelor of Science of Nursing degree.

The culture I discovered there proved to be quite different from that encountered in the previous diploma school of nursing. The professors were friendly and open, and communicated respect and interest both in and outside of the classroom. The atmosphere was academic, and the experiences of those in the class were welcomed, as each of us was a registered nurse with varied backgrounds and practice. As a small group we quickly became cohesive within this open atmosphere.

I recall wondering if this different climate reflected a changed culture in a university setting, or whether our diplomas and registration in the College of Nurses entitled us to more respect than that given to a student in an undergraduate nursing program. I did not know, nor at the time did I reflect long on the change. Rather I enjoyed the improved relationship with the educators, and found myself engaging readily in the process of education.

As post-diploma students, we were offered theoretical courses and clinical practice in education and community health, as well as a theory course in nursing administration. The curriculum defined the potential roles in which we might find ourselves after we graduated. The professor with whom I related most readily taught us the educational component of the curriculum.

I expect my relationship to the education teacher very much influenced my growing interest in that field of nursing, perhaps born out of the impact of surviving a process that left me with a sensitivity to disempowerment. This teacher's philosophy revealed respect for the learner, and she inspired me in developing my own creative style.

I recall teaching a class as part of my course work through inservice education at a local general hospital. I used the metaphor of a cage to create the experience as I perceived it for the client who had suffered a cerebrovascular accident. I smile in retrospect now, wondering at my sensitivity to entrapment based on my previous experiences in nursing education, and how much they had influenced my perceptions.

Near the end of my university courses I was hired sessionally to teach a clinical course in a general hospital to a group of undergraduate baccalaureate nursing students. I was pleased by the opportunity and equally excited that I was able to be paid for a teaching assignment.

Within that process, however, I revisited the oppressive relationship I had known in my diploma nursing program when I received a complaint from one of the head nurses about a student's performance. I followed up by finding the student and asked her to describe what had happened. Her story spoke of a head nurse who wielded power and embarrassed her in front of the staff and other students for an omission in care that, while she should have noted, it was not a serious one. My own experience as a student made me sensitive to her feelings of disempowerment and assisted me in helping her to rebuild her threatened self-esteem. That may have been the experience that enlightened me to the choice one has in power relations, or to roles that provide power in nursing education and practice.

I graduated that summer and obtained employment in a diploma nursing education program the following September. The hospital based programs were still in place though there was talk of movement to the community college system. This program was attached to a larger hospital than the one that I had been affiliated with as a student, and also existed within a larger community.

I found myself again in a behaviorist culture, though my role itself had changed. The philosophy within the school was very much focused on knowledge defined in curricular objectives, skills reflected in laboratory and clinical practice,

and relationships where students were subservient to teachers, head nurses and doctors. Even for those educators who seemed motivated to empower and to promote the student in the learning process, the climate of oppression was still paramount.

I taught in that school for two years until it closed as a hospital based program, while remaining open as a campus to the community college system. As one of the less senior faculty members I was offered a position in a smaller campus but I declined. Instead for approximately 2 years I worked clinically in psychiatry and subsequently in medical-surgical nursing in the southern United States.

### Heading South

Employment outside of nursing education served as playful times for me. I enjoyed travel and a role where the focus of responsibility was for the client alone. My experience working in a southern state also opened my eyes to other relationships of oppression and discrimination.

The units on which I worked were housed by registered nurses who assumed head nurse or team leader roles, and who administered medications, completed treatments, and assessed the client's condition. In addition there were nurses' aides who had no formal education in nursing, though they were able to feed patients, provide bathing and other activities of hygiene, and transfer the patients within the system. For the most part the head nurses were Caucasian, and the aids Negro. There was however, one head nurse with whom I worked who was Negro, and one aid from a northern state who was Caucasian.

A constant power struggle existed between the head nurses, and the registered nurses with the nurse's aids. When it was 3:00 p.m. the aids would immediately leave the unit no matter what the patient priorities were. I recall being in charge one day and there was a lot happening that needed attention. I asked the aids to help and they refused. They left in spite of my requests and I knew that I was helpless to change their actions. The same relationship existed between the nurses aids and the head nurse who was Negro. She was treated no differently by the aids than the Caucasian registered nurses. Role defined the relationship.

Not so, however, with one nurse's aid who was the only Caucasian. She was excluded from her group and she sought out the support of the registered nurses who for the most part, like her, were Caucasian, and where colour of skin defined the relationships.

I found the experience enlightening on a societal level, though equally concerning. I left the southern states with a different sense of the power of oppression than my previous life experience had given me.

### Revisiting Ontario

When I returned to Ontario I again found myself employed in nursing education, ironically in the same school that I had turned down two years previously. I was again in a small community based diploma nursing program, though one that was now under the direction of the community college.

I was again in a small community based diploma nursing program, though one that was now under the direction of the community college.

The school was filled with many who had lived and frequently trained in nursing within that same community. The curriculum was based on the medical model and again revealed a Tyler theory based paradigm. Power relationships continued to be reflected by the philosophy of a behaviorist curriculum. In addition the community college system introduced a union, a role that was new to nurse educators, and one that created a division within the faculty. There were those who chose to use the union to exert power against administration and sometimes even peers, and those who rejected the union's notions and its power.

The administrator was professional and educationally minded. She encouraged faculty to become involved in committee work and to add to academic preparation. She inspired creativity and fairness within the educational role, and she catalyzed commitment to the process of education. As a nurse educator with a few years of experience in practice and education I learned much from her about methodology and politics in education.

I recall one day when I was attending a progress committee meeting. Its purpose was to evaluate situations that were difficult, or where a student's performance was delinquent or unsatisfactory. Responses were generally rigid and punitive. A situation was presented. I felt irritated with the student's actions, and others did as well. Discussion followed. I heard my voice respond in an oppressive tone. I felt the tension and the power simultaneously. I fell silent.

embraced power for a moment, experienced the discomfort, and withdrawn. It was a turning point...

This autobiography reveals the stories as recalled. In the next chapter I revisit the story to identify and recapture the themes identified in Chapter 2, to explore others that emerge within the narrative, and to identify the significance of the story as it was recalled.

## CHAPTER 4

### THEMATIC ANALYSIS

Phenomenological themes are not objects or generalizations: metaphorically speaking they are more like knots in the webs of our experiences, around which certain lived experiences are spun and thus lived through as meaningful wholes

(van Manen, 1990, p.90).

In this chapter I reflect on the hermeneutic meaning created within this research, and through analysis the themes are identified, “noting patterns across examples of stories” (Pocklinghorne, 1988, p.177). As Benner (1994, p.58) suggests, “Human behavior becomes a text analogue that is studied and interpreted in order to discover the hidden or obscured meaning.”

I circled and circled in reflection, read and reread the stories. Where to begin the analysis? I returned to the central questions from which the research had begun and attempted to locate the meanings that arose from the literature, and that emerged within the story as told. Those central questions sought understanding of how nurse educators understand care, how care is inspired, and how care is practiced. This research also sought to uncover how caring action might be derived from the soul of the nurse educator as a result of personal spiritual transformation; how the soul might motivate caring action in practice; and finally, in what ways personal transformation is the soul’s attempt to awaken a source of care.

I reflected on the questions posed. Where to begin? Comfortable with my web metaphor, I began to draw it hoping to discover or perhaps uncover the pattern

of the web. In attempting to locate the relationship of emerging themes I utilized the following inquiries to guide my analysis. How might the relationships within the patterning of fibers speak to caring in nursing education and practice? What tensions speak to me within the story told? Do contradictory stories emerge and where? Are the themes true to life? Do they echo life? Do they imply any universal connection? How multiple are the plots that emerge. for "the narrative scheme serves as a lens through which the apparently independent and disconnected elements of existence are seen as related parts of a whole" (Polkinghorne, 1988, p.36). Metaphorically, how do the themes seem to fit together as links or fibers in the web?

Citations from the autobiography, as well as those from other authors within the research will inform and show evidence for the thematic analysis. Figures 4.1. and 4.2. facilitate visualization of the linkages revealed within the thematic analysis, and demonstrate changes in the web since that revealed in Chapter 2.

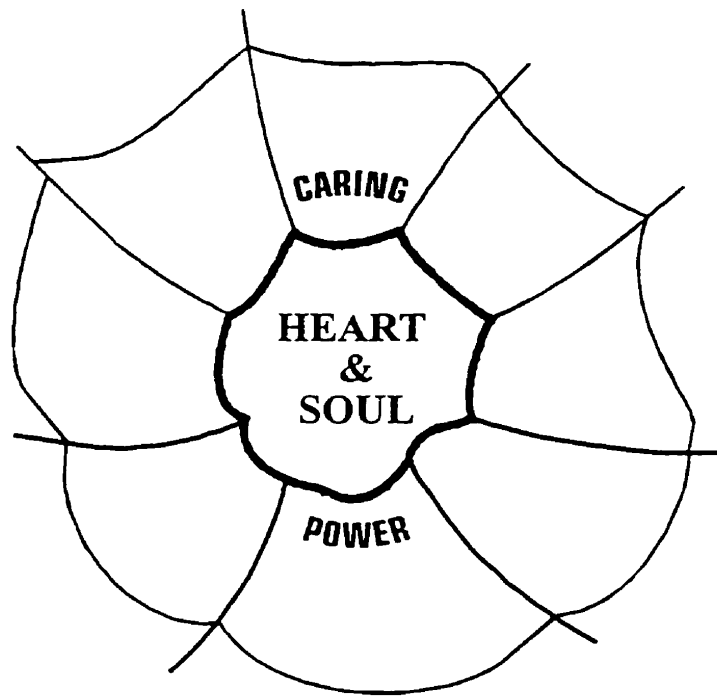
One central theme reflects a relationship between 'caring' and 'power'. In addition, three emergent themes, culture, gender, and role are identified. I now analyze the relationship of these themes.

#### The Central Theme

Caring.....Power

The central theme reveals itself within the meaning inspired by the concepts of 'caring' and 'power'. Metaphorically within the web, this theme is seen as circling the heart and soul of the web as Figure 4.1 reveals.

Figure 4.1. The identities change: caring and power encircle the soul of the web: the central theme emerges.



As I reflect upon the themes emerging within the metaphor, the concepts 'caring' and 'power' seem contradictory to the understanding of lived

experience of 'care' within a nursing curriculum. What contribution might power as a faction of this central theme have in responding to questions of how nurse educators understand care, how care is inspired, and how it is practiced? How might power enable understanding of research that seeks understanding of 'soul' as a source of caring actions, and as an endeavor to awaken ones own spiritual being?

As I circled to uncover meaning to those questions, reflecting on the themes within the autobiography, and returning to earlier stages in the research and to my literature review, the significance of the contradiction began to emerge. I recognized that 'power' was not a concept I had identified within the central questions of this research in Chapter 1.

In Chapter 2 I compared two nursing curricula, behaviorist and caring, which were metaphorically revealed as the webs of caring and oppression. How had the description of one circling fiber changed from 'oppression' to 'power'? Were they related or synonymous in meaning within this research? I deliberated on these questions and focused first on the meaning of 'power'. Discussion now focusing on the lived experience of the concept 'power', reveals the emergent relationship of 'caring', 'power', and 'oppression' to this research.

### The Lived Experience of Power

Oppression...power. Was the meaning within these concepts my clue to the relationship of the seeming contradiction of 'power' and care? Had power been a

submerged notion? Was oppression the true meaning that I attached to the concept of power? Was oppression, as a synonym, a sufficient descriptor?

I opened a thesaurus. Beside the word 'power' the text revealed words: oppress, force, master and control. I was not surprised. However, on further reading, another opposing categorization included potency, effectiveness, potential, capacity, and ability (Landau & Bogus, 1977, p.519). I recognized immediately my bias. Though familiar with the concepts empower and disempower, as central concepts in health delivery, I had focused, indeed blinded myself, though not consciously, with the notion of oppression as central to power. I had not named it so, nor seen its relationship to 'care.'

My lived experience within nursing education, revealed in the autobiography, may explain that single vision. Certainly my stories of being a nursing student in a diploma nursing program were laden with examples of disempowering relationships with educators. Yet those stories are only a portion of my autobiography. They represent a part of my lived experience. Were they selected subconsciously to bring to conscious vision the impact of life experience on my perception of power today? Was the pain recalled within the story a source for new insights about the relationship of power and care? Was the realization to become a source of transformation? The relevance of those questions within this present thematic analysis is suggested within this research.

I returned to my autobiography seeking recognition of the context of oppression as power within the story told. It began in the story on the evening that my

grandmother died. How insensitive that nurse was to my loss and to my confusion. My grandmother's opening eyes were not a sign of waking but rather a signal of death, contradictory signals indeed, to a child who had never witnessed mortality.

Insensitivity as a trait in the nurse educator was revealed over and over again within the stories, in relationships with the students, and even with the patients. It was revealed from the first day of class in the story of the pillow and the pillow case. The disempowering relationship with the nurse educator was revealed in bedmaking, in the laboratory and hospital settings, where even the patients viewed the oppressive and demeaning relationship with the student. It was exemplified by the Director of Nursing who silenced my story unheard. It followed into scenes of imminent death, where the procedure related to bedding was more important than the emergency, or the stress created for the student in dealing with a patient experiencing acute hemorrhage. The insensitivity was again revealed in the clinical setting in teaching 'Care of the Body After Death'. Procedure and disempowerment were important within these stories, not lived experience and sensitivity to the participants. Perhaps not surprising that the personal meaning inspired by 'power' had only one polarity.

The literature cited within this research reveals the long history of oppressive relationships and disempowering dominating interactions within nursing education and practice (Allen, 1990; Bevis, 1988; Bevis & Watson, 1990; DeLuca, 1996; Hedin, 1989; Nehls, 1995; Skillings, 1992; Tanner, 1990). These authors emphasize the oppressive styles of educating and the creation of attitude where survival was more significant than learning. The story of 'the freckle' reflects indeed that survival was a

more powerful motivation than learning, in a circumstance where the perfection demanded by the powerful teacher seemed indeed, unattainable.

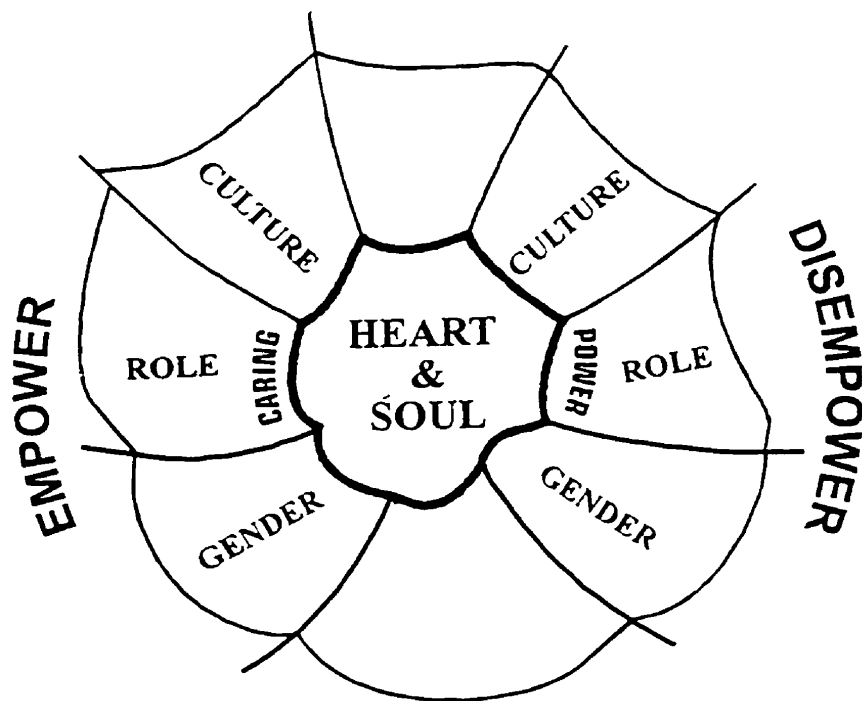
With graduation from the diploma program, the stories reveal a different, yet revealing experience with oppression. As I assumed a role of a registered nurse, the stories reflect a changing relationship with the teacher in the university program, and within practice groups to one of more positive interaction. Oppression is revealed within the story of nursing practice in the United States as a tension within prejudice. As I taught in clinical settings in a post-diploma university program, and in diploma nursing education programs, my previously lived experience of powerlessness changed. Instead, as I assumed changing roles teaching in both a university nursing program and in diploma nursing programs, I became sensitive to the choices that I had in my relationships with students. I had now assumed roles where power was possible, either as empowerment or disempowerment. I became sensitive to the choice.

As I indicated earlier in this chapter, my recognition within this thematic analysis of the dual polarity of the concept 'power', led me not only to ponder the relationship of my own lived experience with those in power, but also led me to a changed vision of the concept 'caring'. It began as I pondered my metaphor. Encircling the web was the fiber of 'care' and 'power'. If power had a dual polarity, did care?

## The Lived Experience of Care

In considering duality of meaning within the concept 'care', I discovered three aspects of lived experience: cultural value, gender and role, each with a relationship to 'care'. These three concepts emerged and strengthened in clarity, and are identified as embedded themes, revealed within this research. Within this analysis I have come to new realizations about the relationship of these emergent themes to the central theme, 'power' and 'care'. Figure 4.2. visually depicts the relationship of these embedded themes to the central theme that is revealed in the following portion of the analysis.

Figure 4.2. The embedded themes emerge: The final design of the web.



While 'caring' was a lived experience most dramatically revealed in my relationship with my grandmother, before she became ill, after, and when she died, it was also lived within caring actions as I fed and read to the ladies who were with her in that hospital setting. I experienced surprise, dismay, even shock when I encountered the nurse at my grandmother's death, and when years later I was introduced to the teachers in the diploma nurse program. As my story reveals my perception of nurses was that they were filled with warmth and compassion for others.

From nursing teachers I expected the same, and most predominantly I met the opposite. Still there were caring teachers. Perhaps they too were disempowered within a culture where domination was paramount. Nevertheless, they were there, although my stories of the diploma school do not reveal the caring teachers, except in the story of Anne and the occupied bed. When the dominant teacher left the room to report me to the director of nursing, I clearly remember the caring teacher's engagement in attempting to help Anne to finish that bed before the other returned. I remember her urgent attempt to help Anne and the look of dismay and anxiety on her face.

The stories clearly reflect the tensions within themes of care and power, and are together entwined around the heart and soul of the web. To further examine the layers represented within that central theme one might ponder whether the strengths of caring actions, and those of power, are equal? As the analysis of the concept 'power' has revealed, as an action it may empower or disempower the participants in

education. In considering the equality of strength, it seems necessary to first explore the concept of 'care'. Likewise does 'caring' have a dual identity?

I turned to the literature to help me to find that answer and to sensitize me to my own life experience, and to the ways in which the autobiography spoke to that question. The literature suggests that caring actions are viewed with relationship to two themes identified previously and demonstrated in Figure 4.2.. gender, and cultural values. As the following discussion reveals each of these themes are strongly linked to the central theme of power and care, and to the tension that exists between the two.

Hunter (cited in Watson, 1990, p.63) refers to nurses as "gentle, calm, tenders of the ill or dying, freely offering care which transcends class boundaries and restores to the ill the dignity of all mankind bestowed on them." I am reminded of my own similar perception of nurses as a child in my story with my grandmother and the other patients, when my grandmother's roommate gave me her nursing books, and when they both encouraged me to be a nurse.

Watson (1990) has a less optimistic and perhaps less ideal view of caring actions, skewed perhaps by what she reveals as the relationship of caring to domination. In referring to the effects of patriarchy on nursing and health care today she suggests that, "Caring as a core value cannot be forthcoming until we uncover the broader more fundamental politic of the male-oriented world view at work in our lives and the lives of the people we serve" (1990, p.62). She continues by suggesting that "for some unintelligible reason, the vast cadre of female health and human caring

professionals (nurses) continues to be "invisible"... caring is either women's work, and therefore invisible and not valued, or it is something to fear because it can threaten human power, oppose control and domination, and make one vulnerable to human dilemmas one cannot change...it is perhaps not coincidental that feminism and nursing are increasingly linked in the literature" (1990, p.63).

Other authors lend support to Watson's view. Elkind (1995) suggests that caring actions within our culture fall into a category synonymous with maternal love that has historically been equated with not being a part of the work force. Acker (1997) cites studies that indicate that nursing is not viewed as work. Gray (1992, p.87) supports caring as desirable, but expresses fear for the potential relationship with power and domination. She cautions that "It is my uncomfortable suspicion that theory, or perhaps the ways in which we use theory, tends to foster the replication of dominant culture, especially relationships of domination and subordination." The stories told surely echo caring principles verbalized in classroom practice, yet lived within a relationship with the student that was dominating and oppressive.

Watson (1990, p.62) adds further support to the influence of patriarchy on women's disempowerment when she reflects, "The present health care system operates within a larger structure that now has to be openly acknowledged as patriarchal: caring is viewed as women's work, which is not valued and which is considered less important than the work of men". Domination of the nursing profession by a male dominant medical model of care has been demonstrated consistently within this culture. When one differentiates gender that is something

biological (Woodman, 1990), from traits within gender, an interesting perspective emerges in considering the relationship of care and power.

MacDonald & MacDonald (1988, p.478) identify two distinguishing characteristics of behavior that may be demonstrated in either gender, but which are identifiable as a gender pattern. The male agentic or agency oriented pattern, identified as preferred within our culture, "manifests in self-protection, self-assertion, and self-expansion: mastery and competition by separateness, isolation, alienation, aloneness; and repression of feeling, impulse and intuitive or creative thought." In contrast, the female communal or integration oriented pattern is "manifested by a sense of being at one with other organisms; by contact, openness, and union; by noncontractual cooperation; and the lack of removal of repression" (MacDonald, & MacDonald, 1988, p. 478), and is viewed as less desirable. My autobiography reflected the idea that as a student in the diploma school of nursing, the agency pattern was demonstrated by most of the teachers cited, as well as by the Director of Nursing, and was most significantly displayed within the diploma nursing schools, where the curriculum firmly echoed dominance within its conceptual framework and discourse.

MacDonald & MacDonald (1988, p.479) go on to suggest that the root of sexism within this culture is that the "agency orientation is preferred, considered superior, rewarded, and given the dominant place in our society." They indicate that while males are the gender predominantly socialized and rewarded for assimilation of the agentic role, and females likewise communal, when a female assumes a role of

the agentic role, and females likewise communal, when a female assumes a role of school principal, she is seen then to possess the agentic roles, performing “in a manly way her hierarchal role (1988, p.482).” The teacher’s domination and that of the director of nursing as revealed in this autobiography would support this agency orientation as a dominant theme in the stories.

Within this context, the analysis suggests that the tension existing within relationships in nursing education seems to be inspired by the perceived desirability or undesirability of caring actions. The linkage to power parallels that value system or influence. Nurse educators who strive to teach in caring ways also empower the student and participants, and those that chose uncaring actions also disempower. Metaphorically then, the fibers may be seen as balanced or complementary to each other. Yet, that relationship seems incomplete.

In reflecting upon the themes of culture, gender, and role, their emergence suggests that the central theme does not reflect a complementary balance. In fact it is heavily weighted as is reflected in the following analysis.

#### Culture, Gender, and Role And The Lived Experience of Care

When one examines the themes of culture and gender, does the impact of those emerging themes reveal desirability in caring actions and empowerment or do they reflect actions that are uncaring and disempowering? Are they in equal engagement? Do they circle the heart and soul to free it or to destroy it?

Van Manen suggests that within thematic analysis it is important to determine, "the universal or essential quality of a theme... to discover aspects or qualities that make a phenomenon what it is and without which the phenomenon could not be what it is" (1990, p. 107). In responding to this concept one might then ask: "Do students enter nursing because they want to care for others?" The reasonable answer seems to be 'yes'. This initial question seems even more plausible in the sense of universality if one should postulate that 'students enter nursing because they do NOT want to care for others.' To answer 'yes' to this second inquiry seems senseless.

Yet if one considers the former question as correct, then why is nursing laden with such a long history of oppression? What happens to nurses who enter to care?

Examination of the theme of culture leads to important analysis of this question and suggests a relationship between disempowering actions in nursing education and social values. The impact of patriarchy has surrounded nursing for decades, housed within relationships, in the dominance of the medical model of care, within a behaviorist curriculum, and within the impact of dominant agency patterns of interaction.

In a society that places high value on this pattern of relationship, and in which power is utilized to disempower and control, it is little wonder that nurses themselves while speaking in language that places value and commitment on caring actions, still maintain agentic agency patterns. In other words, if 'caring' is viewed within society,

and within the established patriarchal systems in which we work, as female, soft, and subservient, then caring in action may be viewed as risky and vulnerable.

The theme of 'role' may be seen as adding to the agentic agency pattern. When one assumes positions where power is plausible, then those whose actions emanate the agentic traits may utilize it with authority, to disempower others. Those with an orientation to agentic performance in role may support existence within a cycle of oppression (Friere, 1990), and perhaps in practice in a culture of horizontal violence (Skillings, 1992) where hierarchy or role may be the only source of protection. Contrarily, those with a stronger leaning toward communal, female patterns of educating, may be heightened in their abilities to empower the participants in education and educating within a particular role, even though their actions may not be highly regarded within the patriarchal institution.

One might raise questions about the relationship of agency patterns and role within nursing education. Do those with an agency orientation aspire to roles where domination is not only acceptable, but where it is sought? Do roles assumed create the actions desired within a culture or subculture? Is an agency orientation sought out by nurse educators, or is it reinforced and invented in a system that seeks it out?

Further research is needed to respond to those concerns. Within the scope of this research, thematic analysis does suggest the need for further examination of culture as it influences caring relationships in nursing within this present day society. It also points to the necessity of cultural transformation, where care and lived experience are valued within the social context, and within the subculture of nursing

itself. Further, the research suggests the need for personal transformation, in knowing who I, as nurse, and nurse educator, choose to be, and in striving to practice and educate from a source of love.

Both forms of transformation would strengthen the vitality of the centre of the web, freeing it to strengthen within the vigor of caring actions based on insight, and awareness of inner truth and enlightenment. As Hollis (1996, p.127) has reflected, "I am not what happened to me. I am what I choose to become. I am not my roles: I am my journey. I am not my limiting experience: I am the creative power of my potential."

This research reveals the strong link between nurse's actions as lived in practice to the values of the culture. As well, it suggests that nurse educators, and in fact all practitioners within helping relationships and education, need to recognize the impact of patriarchy upon our relationships within our institutions, and to strive for personal and societal spiritual transformation. The final chapter of this thesis emphasizes the process of personal transformation.

Earlier in this research I pondered the idea that while there could be institutions to provide care, could there be caring institutions. The thematic analysis within this research, suggests that within this patriarchal society, unless we find a way to balance male and female gender traits, while there can be caring members, there cannot be caring institutions. Referring to the search for the lost feminine, Woodman (1996, p.16) reflects, "...the masculine bound to an obsolete patriarchal tradition experiences the emergence of the feminine as a threat. To disarm the masculine of its

patriarchal fear of the feminine is thus crucial to releasing the creative dynamics of partnership. Overcome by these fears, neither sex is in a position to forge new creation.”

While the themes identified within this chapter are multi-layered one might indeed wonder if care and power are both illusions, within a patriarchal society. Perhaps they exist only as impotent discourse while the participants are ultimately powerless, silenced in their desire to care, yet living within the illusion that as they speak caring discourse, then they live it.

In Chapter 5 I tell a story that inspired me to this research and to a portion of my own soul awakening. The story reflects my desire to ‘teach from the water’, to seek to awaken the place of soul in educating, and to enhance spiritual strength in caring for others within our present societal context, and within the culture of nursing education.

## CHAPTER 5

## MAY WE STRIVE TO TEACH FROM THE WATER

Mankind owns four things  
 That are no good at sea -  
 Rudder, anchor, oars  
 And the fear of going down.  
 (Machadio, cited in Hollis, 1996, p.126)

## Introduction

In this chapter the themes previously identified in Chapter 4 are recognized in relation to the synchronicity that emerges within the meaning making. While “a thematic phrase only serves to point at, to allude to, or to hint at, an aspect of the phenomenon” (van Manen, 1990, p.92), as Hollis suggests (1996, p.138), “We never achieve final certainty, never see the whole picture, never arrive at the sun-lit meadow. We see through the the glass darkly, see bits and pieces only.” When looked upon, however, as synchronistic links in the web metaphor, individual themes within the story told suggest that relationship is based on more than coincidence.

The relationships illustrated in this chapter, lead metaphorically to an image of ‘teaching from the water’. The meaning of water is revealed personally in narrative, discussed in relation to soul, and expressed through art and story. ‘Teaching from the water’ implies two transformations: one that is personal and spiritual, and one that reflects societal transformation away from the power of patriarchy. Both transformations are discussed within this chapter. Finally, sailing is used metaphorically through narrative to echo and emphasize the concepts.

### Awakened to Teach From the Water

The summer of 1996 initiated my own personal transformation, awakening me to new realizations in which relationship is inspired and strengthened from love and care. It prompted my intention to live from my soul, to potentiate sensitivity in heartening others, in sharing and in feeling cared for. It opened my vision to the possibility of living and teaching from the water, for "...in the sacred moments of life - the soul moments - water is always with us. Without water there is no love... without connection to our inner waters, we do not feel. Connecting to our well in meditation opens us to the possibility of drinking from the water of soul that gives meaning to life" (Woodman, cited in Simpkinson, Simpkinson, & Solari, 1995, p.72).

As I reveal the stories embedded in that transformation, I reflect on a metaphor of sailing, reflective not of a journey to isolated ports, but of points of connectedness in a journey of personal spiritual transformation, as revelation to the patterning of the web. Wind as the soul's breath may fill the sail with vigor, or empty its potency. It may beckon the sailor to sea and offer a process of dance or destruction. The sailboat echoes the vitality of life as it glides, stalls, slams, rises and falls. It reflects the web of life relationship. It attaches itself to soul connection in its need for union with water.

## Connecting to Water

I have always been aware of an inner contentment and safety when I position myself close to the water. My favorite well has always been Lake Huron, close to my family cottage where I can swim, sail, walk beside it, or sleep with the night sounds it composes. When close to it I sleep deeply. My dreams are vivid.

Whenever I need "soul food", when I feel my capacity to dance losing ground, I call to the lake and I retreat to it. In winter when it is frozen, I long for it. I yearn for warm winds and a thaw. My parents revealed that before I could walk I always crawled to it. As a toddler I was told that I would hike right into it until the water went over my head. I thirsted for it even then.

Water inspires my connection with soul. It leads me to my inner truths. It unites me with love and creation. It beckons me to explore and discover, rollicking in its ripples of light. If I can teach from the water, I'm informed by a desire to connect from a position of love, not power...to sail in open air in any condition. I'm adjacent to the essence of my spirit, shielded from the love of power, attracted to the power of love (Klemp, 1996).

Teaching from the water inspires me to reach from a source of love inside myself, rather than from a source of power. When educators focus on mastery and control of knowledge, the process is inspired as a maneuvered vessel as mirrored in the following story.

...it was mine. I owned it all. It wasn't large. It didn't need to be, because it sparkled in the water, and when I lifted the sails it shot smartly across the lake. I was determined to be the most adept and courageous captain. There would be no conditions that I could not command. So day after day I exercised my passion...

Finally my opportunity arose. The winds were forceful and the waves retaliated in size. I felt challenged to maneuver my craft in conditions that were both strong and unyielding. I would use every ounce of awareness to respond accurately to the energy beckoned by the wind.

I tacked. The boat leaned and tore through the wave. I felt the power as my arms clung to the helm, and I knew that I was sailing on the edge. The boat screamed inside the wind and summoned every ounce of weight I could muster to bar it from casting itself down, and into the lake. The sails were blown out as if to burst in the air energy...

I saw the wave roaring toward me and simultaneously I knew that the boat was in the wrong position. I attempted to move forward into it, but it was too fast, too large, and I was too late. It hit me. It smashed into the boat with the full force of the wind. We fell together like slain pirates. The contents of the boat slid out and dissolved under the surface of the churning mass around me...

When we as educators teach from a love of power motivation, we move further and further away from a source of love in our relationship with the student, and the process of learning becomes both destructive and meaningless. Perhaps power reflects a need embedded within the values of our present day western society

where. "...the tendency to be preoccupied with having, at the expense of losing touch with the dimension of being, is becoming even more pronounced...the intensity and the urge to have creates an ever widening gulf from the awareness of who and what we are" (Batchelor, 1983, p.25).

Nursing education, as described earlier in this research, has a long history of sailing in difficult conditions, and many times its sailors have been the oppressors on the sea. We can no longer risk that domination for, as the previous stories revealed, the relationships are clearly disempowering. The seas are filled with rocks that threaten relationship, that strike sharply at the concept of caring. Nursing education needs transformation to the power of love in educating.

This research has revealed patriarchy as a context within our present day society, that indeed contributes to the oppressive relationships that exist within nursing education and practice. Patriarchy looms as a significant influence in disregarding the concept of care. The research has also revealed a culture that seems lacking in spirituality, and in an awareness of soul as a source of love and care in relationships.

To alter curriculum to one that values caring actions, that is filled with philosophy and discourse that reflects a caring paradigm, without attention to these personal and societal features is fruitless. In considering the implications of these concerns to nursing education, I would like to begin by revealing part of my story in personal spiritual transformation, and then to secondly consider the implications within our patriarchal society.

### Locating Soul in Personal Transformation

It was the summer of 1996. It was hot and the wind was light. Still, our compulsion to sail lured my friend Bet and I to the water. So we went to the Sauble River, climbed into the boat named Dragon, and motored to the lake.

As we departed from the mouth of the river, the sky was designed with cloud and sun, and the lake invited us to its peaceful waters. There was barely a hint of wind.

We had barely lifted the sails when the wind became more brisk. Instantaneously we were in motion. We considered in which direction to head, and after brief deliberation decided to head north to the islands. I recall experiencing some caution that the winds might be tough coming back, but I dismissed the thought quickly. Experience reminded me that the winds rarely stayed in one condition long on this lake.

Off we went. It could not have been more ideal. The winds were moderate and steady, and the lake was filled with crests of gentle waves. We sailed feeling full of the life energy.

We approached the islands. We knew that they were surrounded by shallow waters and rocks, so we sailed more cautiously. The waves were becoming choppy, and it was difficult to sense or to see the depth of the water around us. The rocks

provided significant risk, so reluctantly we tacked and shifted into deeper and safer waters. We were sorry to have left the islands unexplored.

We had barely tacked to a southerly direction than we recognized simultaneously that the water was gaining strength. The waves grew and broke around us, and correspondingly the wind shifted and began to gust. The boat leaned, so the surface of the lake was even with the depth of the boat, and the waves splashed menacingly inside. We beared off from the wind and attempted to keep the boat alive, but it was to no avail. Unless we pointed with the strongest winds we could make no headway in the churning water, and then, we were at risk of leaning too far into the water and being overpowered.

We tacked several times, each hoping to pass the rocky point of land known as Chief's Point, that led to another bay, wondering if the conditions were better or worse afar. The wind continued to blow unrelentlessly, and the waves threatened to defeat us. We were tiring.

We had sailed many times together and trusted each other implicitly. We both simultaneously knew the unspoken. The conditions were too much. Finally Bet declared with disappointment, "I'm calling it. Let's go in. We can tie the boat at Oliphant." We experienced combined reluctance and release, yielding to the sea's command.

Oliphant was the most proximal harbor and we knew we would have no difficulty securing Dragon there until tomorrow. We set the sails 'wing-on-wing', our favorite form of sail, preferred perhaps because of the incredible perception of

buoyancy, and the inexplicable sound provoked. Dragon drifted downwind to the harbor.

Once we were in the channel, the wind faded, and the previous churn in the water was replaced by a more relaxed and flattened sea. The previous circumstances seemed reflectively like a dream. We drifted slowly into the familiarity of the cove where we had housed Dragon summers before. It felt customary to be there, and made it easier for us to secure the boat and to leave it there for the night.

With Dragon secure in the cove, we surrendered to exhaustion. We obtained a ride back to the cottages, relieved to be on shore, though stirred by the adventure.

Next morning, renewed by a night's sleep, we both awakened early, eager to bring Dragon home. The morning air was fresh, the sun shone brightly, unscathed by cloud, and the surface of the lake was flat. We headed up to Oliphant in two cars, leaving one docked at the river marina, where we would return with the boat.

Within minutes we found the harbor, still sleeping in the stillness of dawn. Numerous boats were snuggled contentedly in the silence of the undisturbed air. Our eyes migrated to the spot where we had tied the boat and instantaneously the serenity of the moment was broken. The boat was gone!

The alarm was short-lived as our eyes located Dragon settled quietly and protected within some weeds. We waded through the shallow water, and retrieved the broken rope that had secured Dragon. Luckily the anchor had prevented the boat from drifting far.

We climbed into the boat. While normally we found the sound of the motor intrusive and contradictory to the serenity created in sailing, this morning we needed it, and the stillness and tranquillity of the morning made us deaf to its sound. We motored to the mouth of the lake. There was no wind at all.

We slid through the water. The motor purred. We felt connected to all that surrounded us. We experienced indescribable peace. The morning sun, still waking, danced with clarity on the surface of the lake.

Cormorants played mischievously around us, ducking, then popping with glee. They made me smile with envy. I felt an inexpressible union with the essence of life, and located myself, sitting at the bow, my feet dipping in the water with the motion of the boat, thankful for the life and love experienced.

Again a cormorant disappeared from view, then as quickly reappeared. It seemed to tease us with its presence, and I felt curious, perhaps envious of its ability to disappear, and to then resurface so swiftly.

Suddenly, my perception was lured to a hawk orbiting over the boat. It glided and circled over and over, in circles long and delicate, though filled with strength. Its wings were so vast that they seemed to barely move. Rather it seemed that it floated through the air. We watched it overhead for several minutes, until finally it moved away, and receded into the vastness of the endless sky.

The silence filled my ears and connected me inwardly to feelings of love and inspiration. I felt connected to life, in love with the radiance that surrounded me. I engaged with the spirit and soulful atmosphere of the morning.

Drunk with bliss, I failed to recognize the entrance to the river home. Though entered endless times before, I had not noticed it. Amused by my lack of inattentiveness, I turned the motor off. My eyes gazed into the light and held it close, wanting to embrace it forever. I knew instinctively within myself, that the moment was significant. We sat silently in the boat for several minutes..

The time came where it seemed that it was time to leave. Who is the time-keeper? From what place in self do those intuitive messages arise? I was reluctant to turn on the motor, to leave the essence, the energy of the experience. I knew I had to.

We motored down the river, docked Dragon, and drove our cars back to the cottages. Later we would reflect on the divine experience shared. We had moved with the life energy. We had surrendered to its requests. We had listened to the inner voice. We had encountered the spirit of the morning. We had considered all of it.

Back in the city I shared the experience with a cherished friend. She listened intently and then her eyes widened as I described the encircling hawk. She retrieved a book from her bookcase and beckoned me to look to the page she had opened. Inscribed was the following, "In the traditions of some Native Americans, the hawk is a messenger of God. Its appearance is a blessing, for it alerts an individual to go to the spiritual mountain and employ the gift of godlike vision" (Klemp, 1996, p.124). I felt both blessed and inspired.

I felt aware that something was awakening within me a sense of care from my soul, and an awareness of deep and divine love in my relationships with others. That love seemed to flow and circle, like the hawk perhaps, with limitless energy. I sensed

an association to the water that raised my perception of love and divine connection. The heart of the web was before me though I did not recognize it then. I knew only that I needed to somehow awaken myself to its presence.

This experience continues to have a profound impact on my own process of transformation, and prompted me early in this research to locate the heart and soul within the web metaphor. As I reread and retell the story, the images in memory are filled with clarity and color, and the perceptions continue to fill me with awe. It has guided me to recognize that spiritual awareness means to be guided from the source of love within our souls. "...The search for meaningfulness in life - relates to spirituality: a need for real transformation of our lives" (Havelka, 1981, p.48).

To teach from the water, like sailing in the waters of divine light, allows us as nurse educators to open ourselves to an inner sensitivity to our being, of our connectedness to one another, and of our relationships together. It leads to awareness that the metaphor of web clearly represents synchronicity, "an acausal connecting principle that manifests itself through meaningful coincidences" (Randall, 1995, p.272). It inspires us to stand in the waters of our souls and share in the enlightened process of teaching and learning.

Teaching from the water allows knowledge to assume a focus of that which "each individual makes of experience rather than on the experience itself. Reflection therefore is critical to knowing" (Berman, 1991, p.9). Wonderment flowing from the spirit echoes "lived reality, about experience and the possibility of experiencing" (Huebner, 1988, p.164). As Hollis (1998, p.138) postulates, "The vision of

transcendence may not be clear, but the task of catching glimpses, hatching new eggs along the way, suffering the arid places of the soul, leads in the end to the realization that the meaning is not in the arrival but in the journey itself.”

In seeking to live and to teach from the water, new and varied inquiries seek resolution within the context of nursing education. What is my life experience in connecting with my soul? Can I listen? What is my experience of caring? What meaning does the concept of care hold for me in my life experience, in nursing, and in nursing education? What inspires my caring actions in living, in teaching, and in practice? How have I arrived at my experience of caring? How did the personal narrative within this research speak to my story and experience?

In reflecting on the answers to those questions, I recall the meaningful connections revealed within the web metaphor. I examine the analysis of themes revealed within this research, that echo the story told. I recognize synchronicity and know that when “synchronicity is at work in our lives, we feel connected rather than isolated or estranged from others; we feel ourselves part of a divine dynamic, interrelated universe. Synchronistic events offer us perceptions that may be useful in our own psychological and spiritual growth and may reveal to us through intuitive knowledge that our lives have meaning”( Randall, 1995, p.273).

I would invite you, the reader, to reflect upon your own stories, your response to mine and to those questions posed within this research, to uncover your own soul source, for narrative becomes one means of discovery of both self and others. As Happel and Price have noted, “Perhaps most characteristic of the contemporary

resurrection of the soul is the current trend toward the recovery of storytelling, especially involving stories that prompt us into self-awareness and decision” (cited in Simpkinson, Simpkinson, & Solari, 1995, p.68).

Locating the heart and soul of the web is a fitting metaphor for nursing research where the questions seek to understand the relationships of caring, personal transformation, and soul. for as Woodman reflects, “Metaphor is the literal language of the soul” (cited in Simpkinson, Simpkinson, & Solari, 1995, p.180). Personal narrative is also a method consistent with this use of metaphor, for “...stories make soul, and soul speaks in story. By becoming aware of our stories and their complexities, we access soul because through story, we make meaning” ( Metzger, cited in Simpkinson, Simpkinson, & Solari, 1995, p.180); we are able to reflect hermeneutically to the interpretation, “in this case of ourselves to ourselves” (Randall, 1995, p.41 ). Story becomes “ a source for others to reflect, understand and transform...” (Rogers in Haggerson, 1995, p.96).

Personal transformation of the nurse educator seems to represent one valid response to locate caring actions in teaching relationships, motivated and derived from the soul. Throughout much of this thesis work I believed that the research was leading to that concern. Only through the thematic analysis did I uncover the societal conflict that has emerged within this research that represents the oppressive pattern of patriarchy, relegating care to a position of female and subservient.

### Transformation From Societal Patriarchy

Transformation from the oppression imposed within male dominated medical models of practice, behaviorist curriculum, and from the hidden discourse of those who impose patriarchal discourse within a female biological gender, for "women can be worse patriarchs than men" (Woodman, 1996, p.18), seems a viable, yet overwhelming undertaking indeed. Yet without a societal transformation, the aged and enormous patriarchal forces make transformation of the self, of the educator, of the profession, and of nursing's image within our society a fruitless effort indeed, for we need to place soul at the center of our concerns in order to alter our values (Moore, 1994).

While the metaphor of web has enhanced visualization of the themes impacting caring actions in education and practice, nursing needs to attend closely to the impact of patriarchal power on the fiber of care, and challenge it's capacity to indeed threaten the fiber that circles the heart and soul of the web. Through both personal and societal transformation nursing might instead strengthen the fiber of care, and balance the central theme with empowering rather than disempowering traits. As Woodman has postulated,

the wall of mirrors through which men and women fail to see each other is still up. It stands invisible in the streets, in our institutions and in personal relationships. It stands most dangerously in the unconscious of the sons and daughters of patriarchy. Subtle, frosted with illusions and projections, it betrays.... The unconscious dynamics that keep the feminine a prisoner of patriarchy are in our bones. Yet if we could each take responsibility for our own inner victim and tyrant, we could truly

depotentiate the old parental complexes. Released from  
 their power, we would be free to love”  
 (1990, p.10-11).

The centre of this research is located in the heart and soul of the web. It seems fitting then to conclude this thesis with a narrative and an artform that together reflect awareness, contact, and relationship with that core. The art is reflected on Figure 5.1.

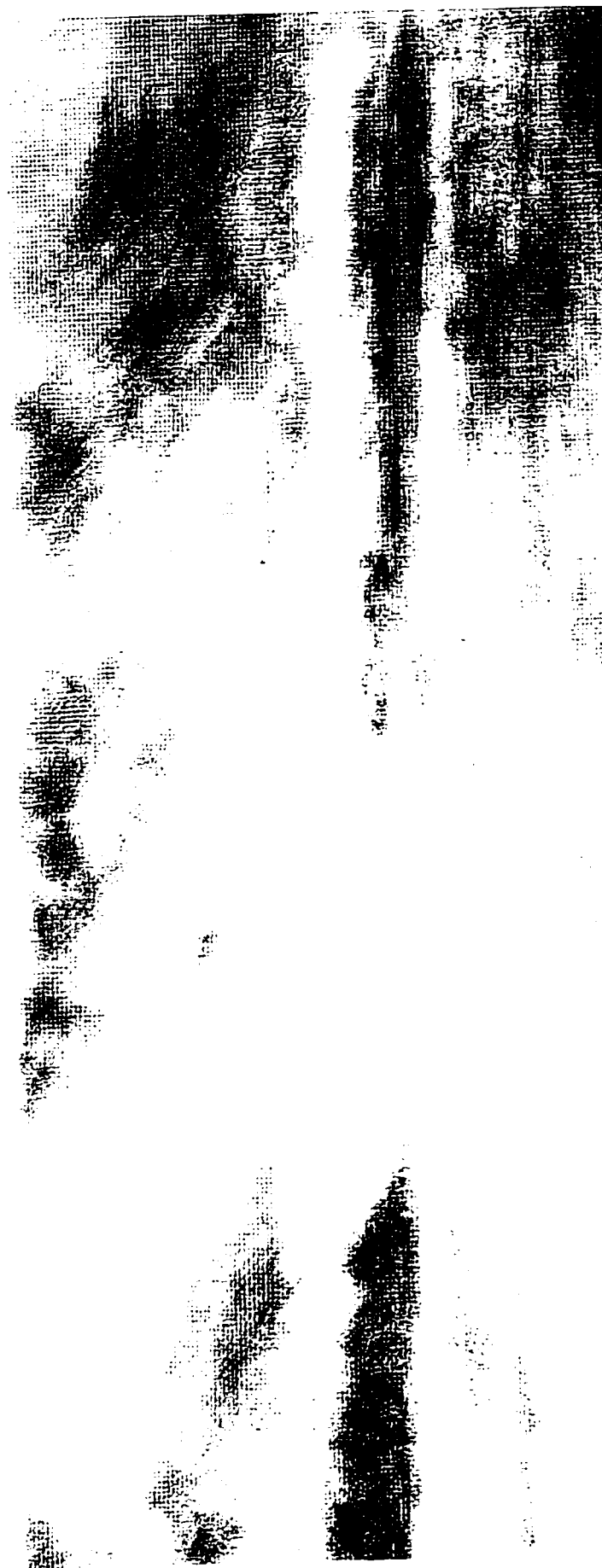
### Ripples of Divine Light

The title of this section emerged one day in the summer of 1996. I sat at my easel aware of feeling both blessed and guided in the quality of sharing and experience that I had located in unique and close relationships. I began to paint, simultaneously aware of the surge of emotion I was experiencing.

As my brush began to glide across the paper it seemed to speak for me. My hand became the instrument, and my soul the pivot of light for that housed in the unconscious mind. As water and clouds emerged, simultaneously, white light burst through the shadows, beaming from a source of radiance that spread, and danced, and rippled on the water.

That experience represents the soul of this research. It has affirmed my motivation to be a seeker of light, to move in harmony with others, from a source of love and connectedness.

It calls to the question of ‘being’ with others, motivated by the soul, not the mind, and echoes the wounded healer in the process of transformation where the



shadow and persona collide. As Hollis explains, "Since much of the first half of life involves the construction and maintenance of the persona, we often neglect our inner reality...we learn through the deflation of the persona world that we have lived provisionally; the integration of inner truths, joyful or unpleasant, is necessary to bring new life and the restoration of purpose" (1993, p.44).

Perhaps we seek the darkness to find the light. We call for the shadow to animate the soul. "In the Middle Passages we are invited to find our passion. It is an imperative to find that which draws us so deeply into life and our own nature that it hurts, for that experience transforms us" (Hollis, 1993, p.106). Hollis (1996) enlarges upon pain as a source for transformation when he says, "We learn knowledge; we cannot learn wisdom. Wisdom arises through the assimilation of suffering. Suffering assimilated enlarges the personality, brings amplitude to the soul" (p.125).

When inspired by the transformed heart, our relationships become the caring dialogue we seek. We radiate an energy from our souls, "and if I discover that energy, for instance in my students, in others, in you, in nature, then I have found a rare egoless satisfaction which I would simply call spiritual" (Havelka, 1981, p.48). May we strive to live and teach from the water...

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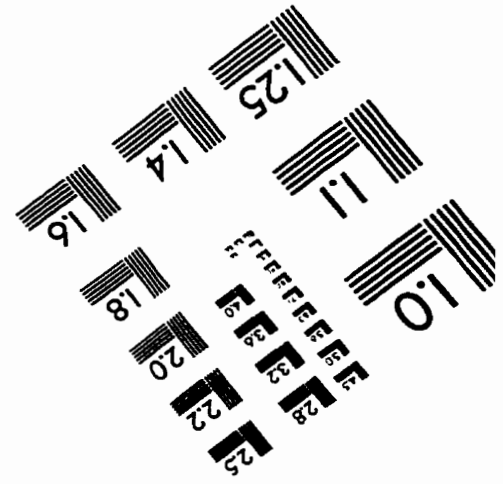
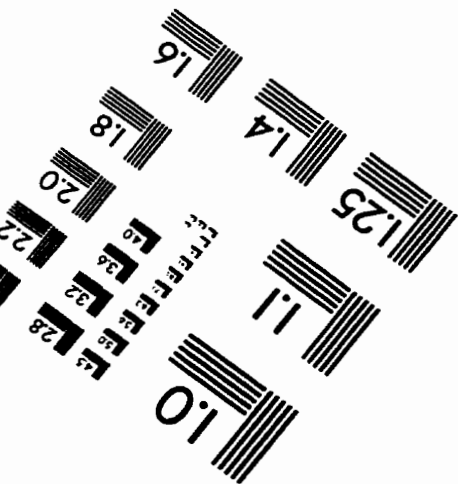
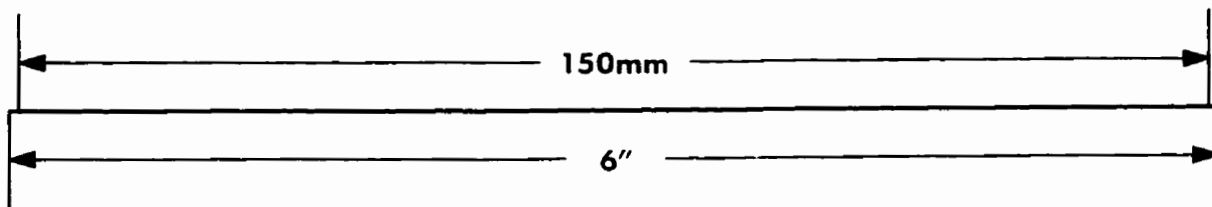
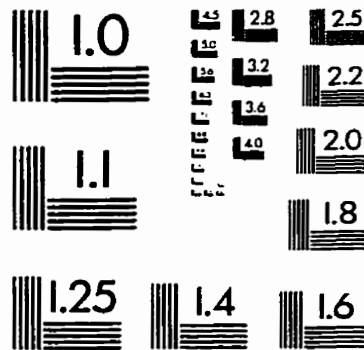
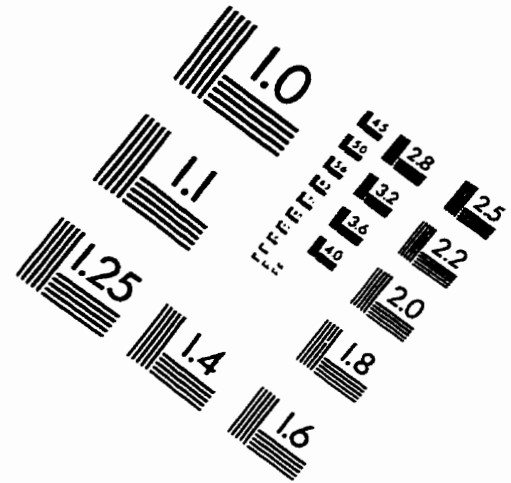
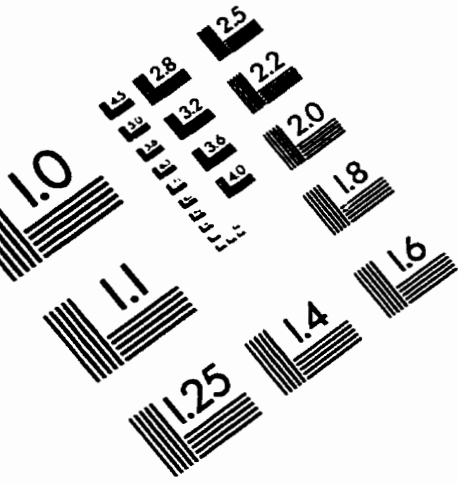
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