A REVIEW OF THE THEORY AND PARADIGM, MODELING AND ROLE-MODELING:
WHAT WE KNOW TODAY AND DON’T KNOW

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AT
NURSING THEORY:
A 50-YEAR PERSPECTIVE PAST AND FUTURE
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Figure 2.3 Relations among Nursing’s philosophy, metaparadigm, ways-of-knowing, the nurses’ philosophy and practice/research choices.

Reprinted with permission from H. Erickson, Paradigm Choices in H. Erickson (2010). Exploring the interface between the philosophy and discipline of holistic nursing. Modeling and Role-Modeling at work, p. 45
I. UNDERLYING PHILOSOPHICAL ASSUMPTIONS AND RELATED ILLUSTRATIONS

A. All things are connected, universe, soul, spirit, human form and human to human, and human within self.

Energy, space, time\(^1,1\)  Human processes\(^1,2\)  MRM logo and levels of consciousness\(^2,3\)  Human energy field\(^4\)  Synchronized energy fields\(^4\)

![Diagram of energy, space, and time connections](image1)

B. HUMANS ARE HOLISTIC WITH BIOPHISICAL PSYCHOSOCIAL, SPIRITUAL INTERACTIONS\(^2,1\)

Holism\(^2,2,5\)  Wholism\(^2,2,5\)  Mind-Brain-Body\(^6\)  Affiliated-Individuation\(^1,2,3\)  Soul-Spirit Heart\(^7\)

![Diagram of holistic, wholistic, and spiritual interactions](image2)
C. Self-care has three components: Self-care Knowledge, Self-care Resources, Self-care Actions\textsuperscript{2,1}

*Relations among SCK, SCR, SCA\textsuperscript{8}*

**Self-care knowledge factors of daily life\textsuperscript{9}***

II. THEORETICAL COMPONENTS OF MODELING AND ROLE-MODELING\textsuperscript{2,4,1}

A. Humans have inherent holistic abilities needed to cope, grow, develop, self-actualize.
1. Stress, effected by stressors, is a part of everyday life
2. Our ability to cope and adapt determines our ability to mobilize resources needed to work through epigenetic developmental tasks.
3. The resources needed to cope are created by repeated needs satisfaction.
4. Attachment objects, those things that repeatedly meet our needs, are associated with developmental tasks.
5. Loss of attachment objects is both normal and situational and results in a grief process.
6. Unresolved attachment-loss-attachment results in morbid grieving and affects needs status
7. As tasks are resolved, the residual that remains affects future task resolution

*Ability To Cope Depends on Resources (APAM)\textsuperscript{10,11}*

*Adaptive Potential\textsuperscript{10,11}*

*APAM State Phenomena\textsuperscript{10,11}***
Healthy resolution of epigenetic development,\textsuperscript{12} Resources are derived from need \textsuperscript{13} satisfaction

Related tasks, outcome strengths and virtues

Needs are met by attachment objects &\textsuperscript{13} age/stage related

Normal developmental losses\textsuperscript{14}

Common grief responses\textsuperscript{14}

Table 7.1 Examples of Needs, Attachment Phenomenon, and Transitional Object by Stage

<table>
<thead>
<tr>
<th>Stage</th>
<th>Needs</th>
<th>Attachment Object</th>
<th>Transitional Object</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant</td>
<td>Belonging</td>
<td>Primary caregiver</td>
<td>Blanket, pacifier</td>
</tr>
<tr>
<td>Nursery</td>
<td>Safety</td>
<td>Caregiver</td>
<td>Blankie, pillow, stuffed toy</td>
</tr>
<tr>
<td>Toddler</td>
<td>Initiative</td>
<td>Caregiver, significant others</td>
<td>Toy, doll, clothing</td>
</tr>
<tr>
<td>Preschool</td>
<td>Esteem</td>
<td>Caregiver, friends</td>
<td>School supplies, homework project</td>
</tr>
<tr>
<td>School</td>
<td>Identity</td>
<td>Parent</td>
<td>School supplies, group pictures</td>
</tr>
<tr>
<td>Adolescence</td>
<td>Love &amp; Belonging</td>
<td>Peer</td>
<td>School supplies, group pictures, camp</td>
</tr>
<tr>
<td>Young Adult</td>
<td>Estrogen</td>
<td>Significant other</td>
<td>School supplies, group pictures, camp, romantic partner</td>
</tr>
<tr>
<td>Middle Adult</td>
<td>Esteem</td>
<td>Significant other</td>
<td>School supplies, group pictures, romantic partner</td>
</tr>
<tr>
<td>Mature Adult</td>
<td>Safety &amp; Security</td>
<td>Significant other</td>
<td>School supplies, group pictures, romantic partner</td>
</tr>
<tr>
<td>Elderly</td>
<td>Esteem</td>
<td>Significant other</td>
<td>School supplies, group pictures, romantic partner</td>
</tr>
</tbody>
</table>

Table 7.2 Example of Normal Developmental Losses

<table>
<thead>
<tr>
<th>Age</th>
<th>Developmental Loss</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant</td>
<td>Wasting from bottle or breast</td>
</tr>
<tr>
<td>Child</td>
<td>Going to kindergarten/leaving home</td>
</tr>
<tr>
<td>Adolescent</td>
<td>Graduating from high school/leaving behind old friends</td>
</tr>
<tr>
<td>Adult</td>
<td>Moving from single to married status</td>
</tr>
<tr>
<td></td>
<td>Changes in job or job roles</td>
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</tbody>
</table>

Table 7.4 Common signs and symptoms observed with acute grief

<table>
<thead>
<tr>
<th>Signs</th>
<th>Observable Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diminished productivity</td>
<td>Breathlessness</td>
</tr>
<tr>
<td>Forgetting</td>
<td>Strained facial expressions</td>
</tr>
<tr>
<td>Decreased ability to concentrate</td>
<td>Altered skin color</td>
</tr>
<tr>
<td>Preoccupation with lost objects</td>
<td>Wrinkled brow and base of nose</td>
</tr>
<tr>
<td>Decreased creativity</td>
<td>Mouth drawn down</td>
</tr>
<tr>
<td>Increased use of drugs</td>
<td>Decreased communication</td>
</tr>
<tr>
<td>Altered body/mood</td>
<td>Increased illnesses</td>
</tr>
<tr>
<td>Accident proneness movement</td>
<td>Change in physical appearance</td>
</tr>
<tr>
<td>Social withdrawal</td>
<td></td>
</tr>
<tr>
<td>Sleeping difficulty</td>
<td>Distancing</td>
</tr>
</tbody>
</table>

III. PRACTICE PARADIGM\textsuperscript{2,5}

Categories of information

1. A description of the situation, expectations for the future, resource potential, and goals (immediate and long-term).
2. The client is always the primary source of information, significant other(s) are secondary, and other professionals are third.
3. Data are analyzed within context of theoretical premises
4. Interventions are
   a. Based on coping ability and affiliated-individuation status, and
   b. Framed within the context of six aims:
      - Nurses self-preparation needed to create sacred space and initiate person-centered holistic caring.
      - Establish a trusting, functional relationship.
      - Promote a positive orientation.
      - Promote a sense of perceived control.
      - Affirm and promote strengths.
      - Set health directed, mutual goals.
Preparing Self: Presence, intent, goals

Major constructs

Data collection categories

Aims, principles, & focus

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<table>
<thead>
<tr>
<th>Establishing a Self-Strat</th>
<th>Major constructs 2.5</th>
<th>Data collection categories 2.5</th>
<th>Aims, principles, &amp; focus 2.5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-care Preparations</td>
<td></td>
<td></td>
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<tr>
<td>Moving Forward</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Creating a Narrative, Self</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Respecting space of others</td>
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<td></td>
<td></td>
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<tr>
<td>Spirit-to-spirit contact</td>
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<td></td>
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<tr>
<td>Tapping Self-care Knowledge</td>
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<td></td>
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</tbody>
</table>

Table 4.12: Strategies common to Nursing. Adapted with permission, Modeling and Role-Modeling: A View From the Client’s World, 2009, p. 310. Unicorns Unlimited: Cedar Park, TX.

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Evidence-Informed Practice: Knowledge Priorities

Client reported A-I Experience

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Figure 9.1 Affiliated-Individuation as defined by Rebecca.
REFERENCES


NOTES
1.1 Copy of cover on Book 2. Designed to show human energy field across time and space, within varying levels of consciousness.
1.2. Copied from Book 2 with permission. Shows increasing levels of consciousness and related discoveries.
1.3. Copied from Book 2 with permission. Shows A-I with energetic connections between two people, p. xxiii.
2.1 Copied from Book 1 (MRM logo designed to depict:
   a) The human need for affiliated-individuation* (the need to feel energetically connected to another human at the same time as perceiving a sense of individuation, a unique self.)
   b) The nurse shown as a hand, is a facilitator and nurturer of inherent human abilities (not a fixer or do-to others);
   c) The nurses long arm shows the potential for long-term effect on the well-becoming and well-being of another human being;
   d) The circles show that the minimum levels of consciousness needed to practice MRM is the spiritual level as described by Bentov, I. (1979);
2.2. Copied from Book 1; depicts differences between holism and wholism, (p 45-46).
2.3. Affiliated-Indivduation was first coined and described in Book 1, pp.68-69, later discussed more fully in Book 2, pp. 182-207, and throughout the Book 2, and studied by Acton, Timmerman, and others.
3. The nurses arm extended beyond the spiritual level and into Universal Consciousness depicts the potential for nurses to connect with Universal Knowing, and by doing so, ability to bring Universal Wisdom to clients by being-with them.
4. Copied from Book 2, Chapter 2 *Energy Theories: Modeling and Role-Modeling* written by Brekke, M & Schultz (p. 51). The first image shows a single human energy field; the second show two humans with synchronized energy fields, necessary to create a sacred space and facilitate inherent healing abilities.
7. Copied with permission from Book 2, Kinney, C. *Heart-to-heart nurse-client relationships* p.289. This document was a gift to Kinney as this client concluded their therapeutic relationship. She stated that it
8. First described throughout Book 1 (pp.83-84) and included in the QA section, p. 241. The illustration was copied with permission from Book 2, Hertz, J and Baas, L. Self-care knowledge, resources and actions, p.98.


11. APAM integrated into MRM theory in Book 1, pp.75-83.


15. Illustrates relationships among the tripartite dimensions of Evidence-informed holistic nursing practice.

16. Drawn by a client as a gift for her nurse upon conclusion of their therapeutic relationship. She stated that it illustrated the healing process she experienced. She is depicted as R and her nurse as C. After she drew it, she decided that it was a good example of Affiliated-Individuation; I would agree. Note the differences in size of each individual in illustrations 1 and then follow it through to the end, watch what happens as she grows, and how they end up. I might add that this woman was functioning fairly well in society, but was having serious problems with personal relationships when she started. She is a healthy, happy member of society today, 20 years after she completed her work with my colleague. This case is described in Book 2, 277-299. Consider what it took to help her move from an insecure affiliation and over-individuated pattern of relationships that she brought to the nurse-client relationship. It was step 10 before she began to trust the relationship and what happened there after. This is why it is so important to maintain the energetic connection between self and other; when people have developed sufficient resources they do what is natural—they heal and grow.