

NEWSLETTER

SOCIETY FOR THE ADVANCEMENT OF MODELING AND ROLE-MODELING

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Labyrinth as a Path to Healing

Ellen Schultz, Metropolitan State University

During the last MRM conference, walking the labyrinth was used as one of the self-care activities for conference participants. Using labyrinth as a means of holistic healing is consistent with MRM's focus on mind-body-spirit connection.

The labyrinth can be described as path for walking meditation, offering a place of quiet to listen to our inner selves. The labyrinth is a pattern, based on ancient symbols, that leads one on the path to the center, a place for meditation and insight. The basic circularity of the patterns reflects universal shapes found in nature and the solar system. As a spiritual tool, the labyrinth experience can awaken one to the "deep rhythm" that unites the person with spirit.

The labyrinth has also been described as a metaphor for life's journey. One begins at the entrance, letting go of the stressors of life, walking toward the center. "The physical movement toward the labyrinth's center is echoed by inward movement to a deeper center inside each of us" (Sand, 2001, p. 22). The center may be viewed as a resting place or a place of inspiration. Journeying out, following the same winding path from the center back to the entrance, prepares one to re-enter the outside world, feeling replenished and empowered. The journey has a physical aspect as well. The meandering path or pattern is one found in nature, as in the meandering path of a river. The labyrinth presents this meandering path that requires walking and turning. When people walk this path they often report feeling balanced and centered.

Although the labyrinth is frequently thought of as a maze, there are distinct differences. The labyrinth is unicursal, meaning that it has one path, though circuitous, that leads to the center and back out. It encourages right-brain activity that is nonverbal and intuitive. One cannot get lost in the labyrinth. The maze, in contrast, is multicursal, having a choice of paths and dead ends. It is meant to trick the persons walking the path. While the maze challenges the mind, the labyrinth relaxes it.

Labyrinths can be used for healing in many ways. Individuals may walk to labyrinth to gain insight, to calm the mind, to search for answers to life's questions. Finger labyrinths are being used in schools with children experiencing attention deficit and with the elderly as a calming activity. Family labyrinth walks are being sponsored by communities and churches to introduce families to this ancient form of meditation and to bring family members together. The use of labyrinths in ceremonies, including celebrations of birth, marriage and other life transitions, is growing.

Additional information about labyrinths is available from the Labyrinth Society at www.labyrinthsociety.org.

PRESIDENT'S MESSAGE

Betty Jensen, President, SAMRM

The holidays can be a time of great joy and a time of great stress. It is a time when we get together with friends and family, some we've not seen for a while, and celebrate our values and faiths. But it is also a time of increased activities, deadlines, and perhaps pressures from those same friends and family. We as nurses often spend a lot of our energies caring for others - clients, family, friends - and sometimes forget to nurture ourselves.

When I think of needs satisfaction and the holidays, I think of a lot of ways needs are met. Physiological needs for food and drink seem to be met at a much higher than normal rate! Love and belonging needs are often met with family dinners and parties with friends. We may meet self-esteem needs by giving to others - and feeling good about what we have given. Esteem needs may be met by receiving gifts that confirm others value us. There may be a sense of security as we gather at grandma's house. Spiritual needs may be met as we gather with others of like faith to celebrate the meanings of the rituals.

But the stress of the holidays can lead to unmet needs. The physiological need for rest may not be met as we rush toward deadlines, shopping, parties, and packing. Safety may be threatened with more people on the roads and excessive drinking at parties. For those who have lost loved ones or are unable to be with them, the love and belonging needs may go unmet. All the rush and bustle may interfere with the ability to focus on our spiritual needs, or they may be lost in the commercialism of the season.

I encourage each of you to take time this holiday season for reflection and renewal. Reflect on the meaning of the holiday for you, whether it has spiritual or religious meaning, or is a time of expressing your love for others and receiving their love for you. If you are apart from those you love due to physical distance or death, be comforted by memories of what they have meant to you. Reminisce on past holidays, mentally, emotionally and spiritually connecting with those people and relationships that were dear to you. Recharge your batteries with energy from the love of family and friends.

Happy Holidays Everyone!

JOB ANNOUNCEMENT

Humboldt State University, in Arcata, California, has announced a vacancy for a full-time, tenure track faculty position in the area of medical-surgical nursing (or adult health). The position is available August 2003.

The Nursing Program at Humboldt State is a four-year, CCNE accredited baccalaureate program orientated to the needs of a rural region. The Nursing curriculum is theory-based, utilizing the Modeling and Role-Modeling Nursing Theory.

For additional information and a copy of the vacancy announcement, call (707) 826- 3215 or send an email to: nurs@humboldt.edu

CERTIFICATION AND ENDORSEMENT IN HOLISTIC NURSING

As told by Micky Erickson

Micky Erickson is the Executive Director of American Holistic Nurses Certification Corporation (AHNCC). The AHNCC is responsible for certifying baccalaureate (or higher degree) prepared nurses in holistic nursing (HNC) and for endorsing nursing programs (baccalaureate or higher) that have curricula consistent with holistic nursing. At the present time there are 831 nurses eligible to use "HNC" and 11 AHNCC endorsed schools.

Most of Micky's work is done via email or phone. She helps nurses understand the process for becoming certified and helps them with their applications for the certification exam. A successful qualitative assessment is required before sitting for the exam. This qualitative piece involves the applicant writing three essays relating to their theory base in holistic nursing as well as their personal and professional journeys. The quantitative test is offered through The Professional Testing Corporation (PTC) and is offered twice each year (spring and fall) in more than 20 testing sites across North America and Hawaii. If there are five or more nurses in a setting, the test will be offered within that area.

Schools of nursing can receive a five-year endorsement after review of the mission, philosophy, curriculum, etc. The program must be congruent with holistic nursing and the AHNA standards need to be evident throughout the curriculum. Students graduating from endorsed schools have revised criteria for applying for the quantitative exam. The requirements of one year of practice in holistic nursing, 48 contact hours of education in holistic nursing, and the qualitative essays are waived for Registered Nurses (registered in the US or Canada) who graduate from an endorsed school. The current list of AHNCC endorsed schools is as follows:

1. Xavier University Department of Nursing (Baccalaureate Program) Cincinnati, OH
2. Metropolitan State University School of Nursing (Baccalaureate) St. Paul, MN
3. Humboldt State University (Baccalaureate Program) Arcata, CA
4. Western Michigan University Bronson School of Nursing (Baccalaureate Program) Kalamazoo, MI
5. University of Colorado at Colorado Springs, Beth-El College of Nursing and Health Sciences (Baccalaureate Program) Colorado Springs, CO
6. New York University (Advance Practice Nurse Practitioner Program) NY, NY 1003
7. University of Texas at Tyler (Baccalaureate Program) Tyler, TX
8. Indiana University School of Nursing, South Bend (Baccalaureate Program) South Bend, IN
9. West Virginia University School of Nursing (Baccalaureate Program) Morgantown, WV
10. University of Texas Medical Branch at Galveston (Baccalaureate Program, Generic and flexible Option Tracks) Galveston, TX

11. Dominican University of California, School of Arts & Sciences, Department of Nursing (Baccalaureate & Masters Programs) San Rafael, CA 94901

The exciting thing about endorsed schools, says Micky, is that schools are seeking help to change their curriculum to reflect holistic nursing; people WANT holistic programs!

If you want additional information about AHNCC, certification in holistic nursing, school endorsement, or specific contact information for the schools already endorsed, you may contact Micky Erickson by email at AHNCC@flash.net; phone (toll free) at 877-284-0998; letter at AHNCC 811 Linden Loop, Cedar Park, TX 78613. You can also visit the web site at: <http://flashpages.prodigy.net/ahncc/>.

SPRING RETREAT CANCELLED

The spring retreat that was discussed at the April conference has been cancelled.

At the April 2002 conference held at Camp Buckner, plans were discussed for a retreat to be held at the same place in the spring of 2003. Due to some scheduling conflicts, the plans for the 2003 retreat have been cancelled.

The next newsletter will have information about the 10th biennial conference in 2004. This will be a very special conference that you will not want to miss! Watch for details in the next newsletter.

NEXT NEWSLETTER

The deadline for submitting articles for the next newsletter will be February 21, 2003. You may submit articles via email to gsbowman@oregontrail.net. Ellen Schultz and Susan Bowman are sharing the newsletter duties for this biennium. Susan is gathering, editing, and formatting articles and Ellen is doing the production and mailing. If you have ideas for upcoming issues, please send them to Susan Bowman: email - gsbowman@oregontrail.net

It might be fun to start a "Letters to the Editor" column. If you have any comments about any of the articles printed in this issue, why not send a letter?

The article about certification and endorsement in holistic nursing was the result of an interview. If you have an idea for an article that would involve an interview, or you would be willing to be interviewed about something you are currently involved in that uses MRM, please let Susan know.

Student papers are also welcome. If you are on faculty and come across a paper submitted by one of your students, please ask the student if he or she would be willing to work with Susan to edit the paper for publication. That process resulted in the article in this issue by Sharilyn Clark.

It would also be wonderful to cite articles, chapters, and books that our members have written or that use the theory. Please send a quick email to Susan about the citation and it will appear in the next issue. Share information about the research you are working on, too. Send an email to Susan and set up a time for a

telephone interview. Most of us have time to do an interview but it can sometimes seem too demanding to write the article. Interviews are sent back to you for final editing.

We will try to get four newsletters out in 2003. Spring, Summer, Fall, and Winter. If you have an idea for a future issue, but think you'll have more time to put it together for the fall issue, for instance, start a dialogue now, and get reminders between now and then.

Remember: the newsletter is also put on the web site www.mrmnursingtheory.org

USE OF THE FILM *WIT* TO TEACH APPLICATION OF THE THEORY OF MODELING AND ROLE-MODELING

Sharilyn Clark, SN, Humboldt State University

(Ed. Note: The following article is excerpted from a paper written for a senior leadership class project regarding change. It proposes an innovative approach to teaching MRM theory. If anyone utilizes this approach, please send comments to the newsletter editor at gsbowman@oregontrail.net. The author of the paper can be reached at sjc34@humboldt.edu.)

Modeling and Role-Modeling (MRM) Theory is a young, exciting and dynamic holistic theory (Erickson et al., 1983). Logic, intuition and mounting research dictate that its use in the clinical setting offers benefits to clients and the clinicians who implement it (Action, Irvin, Jensen, Hopkins, & Miller, 1997; Landis, 1996; Leidy, 1990). Indeed, the focus and application of MRM Theory are among the factors that add to the uniqueness of the Humboldt State University (HSU) Nursing Program. However, like any good theory, if its application is not understood, it will not be implemented *or*, if it is implemented without comprehension, it loses its focus, richness and consequently, its effectiveness.

Students often enter the nursing program with little or no clinical experience. Students entering this unfamiliar territory are then faced with the challenge of visualizing the multitude of hypothetical scenarios that could arise between a nurse and client through the course of a clinical shift. Already faced with the unfamiliar and/or unknown, such a situation makes the abstract application of a new theory particularly difficult. Implementation of the movie *Wit* (Bosanquet & Nichols, 2001) into the curriculum for beginning students has the potential to remedy this problem by providing realistic examples of MRM Theory applied to the clinical setting.

Wit is a film based on a play of the same name, and was written by Margaret Edson.

Margaret Edson graduated from Smith College with a degree in Renaissance history. Following graduation she worked on the cancer and AIDS inpatient unit of a major research hospital (*Wit* Homepage, 2002). The entire movie takes place in a research hospital and, though fictional, tells the very real story of Vivian Bearing Ph.D. (played by Emma Thompson), a professor of 17th century literature, and her struggle with stage IV, metastatic ovarian cancer. Through a series of one-on-one sessions with the camera, intermingled with hospital staff interactions, Vivian provides viewers with a very honest depiction of her experience with a regime of highly aggressive, experimental chemotherapy. She recounts meaningful past events of her life - including her regrets - and alludes to her frustration with being treated as a non-person by clinical personnel. Toward the end of the film, Vivian discusses and demonstrates her emotional and physical pain, bemoans her loss of power and feelings of extreme loneliness, and ultimately, discovers and shares her fear of death and her experience of dying.

What makes this film valuable is that, not only does it provide a candid depiction of the inner experience of a terminally ill client, but on several occasions it also illustrates the implementation of MRM by a nurse in the context of a clinical setting. Through the course of the movie, Vivian's primary nurse, Susie Monahan (played by Audra McDonald), guides her practice in a manner in line with MRM Theory, and in the end, she accomplishes all Five Aims of Interventions (Erickson et al., 1983). Susie does this by first developing

a *model* of Vivian's world, and after doing so, is able to implement the *role-modeling* aspect of care (Erickson et al.). Application of the latter was inherent in her demonstrated respect for Vivian's initial stoicism while at the same time remaining aware that as Vivian progressed in her illness, there occurred a growing number of chinks in her "armor". When openings arose Susie made herself accessible by telling Vivian that she was available to talk if she wanted to and included in those interactions, eye contact and touch. In this way she ***promoted her client's positive orientation*** by letting her know that she was an acceptable and worthwhile human being (Erickson et al.), but did not push this strong-willed scholarly woman into a therapeutic conversation before she was ready. Ultimately Vivian did call on Susie to talk and at this point it became clear that, ***trust had been established***. Their relationship became a strong working relationship and Susie was then able to engage Vivian in ***goal setting that was mutual and health directed***. In this instance goal setting came in the form of establishment of Vivian's Do Not Resuscitate (DNR) status. (*Here I am asserting that in a holistic sense, a goal of DNR should her heart stop is health directed, as it indicated Vivian's acceptance of the extent of her cancer and the imminence of death, where before there did not appear to be acceptance*).

All along the way, Susie ***affirmed and promoted Vivian's strengths*** by acknowledging her as a scholar and by caring for her and her needs in a consistent and respectful manner. She further did this by advocating for pain control via Morphine Sulfate Patient Controlled Analgesia (MSPCA) because she felt that Vivian would have more control over both her pain and level of consciousness - clearly an example of a nurse's attempt to ***promote client control***.

Toward the end of the movie, following Vivian's death, there is a powerful example of nurse induced client advocacy. Cause for intervention occurs when a young doctor calls a code on Vivian even though he knows she had DNR orders. While waiting for the code team, the doctor begins cardiopulmonary resuscitation (CPR). Susie runs into the room and orders him to stop. When he ignores her, she pushes him off of Vivian, and he falls to the floor. Susie then struggles to stop the code team from attempting to resuscitate her. Ultimately the code is called off, and Vivian is allowed to die.

It is my assertion that if beginning nursing students are provided with realistic illustrations of MRM applied to clinical practice (as demonstrated in the movie *Wit*) they will be more likely to understand the potential for theory application early on. They will therefore be less likely to discard it and more likely to use it throughout their careers. This in the end will benefit not only the students and the clients they work with, but also anyone who comes in contact with them. I believe this to be true because improving the holistic health of a client not only better the life of the client, but also has the potential to influence all persons that client comes in contact with (Clarke & Cody, 1994). Likewise, if future nurses are taught to implement MRM early in their careers, the theory and/or its effects will be passed on to anyone coming in contact with the nurse who applies it. MRM Theory therefore has the potential to make a difference in a truly global respect.

REFERENCES

- Action, G.J., Irvin, B. L., Jensen, B. A., Hopkins, B. A. and Miller, E. W. (1997 March). Explicating middle-range theory through methodological diversity. *Advances in Nursing Science*, 19 (3), 78-85.
- Amazon.com (2002). *Wit*: 2001. [On-line]. Available: <http://amazon.com>.
- Bosanquet, S. (Producer), & Nichols, M. (Director). (2001). *Wit* [Videotape]. (Available from HBO Home Box Office: An AOL Time Warner Company).
- Clarke, P. N. & Cody (1994 December). Nursing theory-based practice in the home and community: The crux of professional nursing education. *Advances in Nursing Science*, 17 (2), 41-53.

Erickson, H. C., Tomlin, E .M., and Swain, M. P. (1983). Modeling and role-modeling: A theory and paradigm for nursing. Englewood Cliffs, NJ: Prentice-Hall, Inc.

Landis, B. J. (1996). Uncertainty, spiritual well-being and psychosocial adjustment to chronic illness. Issues in Mental Health Nursing, 17, 217-231.

Leidy, N. K. (1990 July/August). A structural model of stress and symptomatic experience in chronic physical illness. Nursing Research, 39 (4), 230-236.

Wit Homepage (2002). Margaret Edson the playwright. [On-line]. Available: <http://home.attbi.com/~rlbryan/wit/edson.html>.